

# Medical Release Statement

**TO:** Any military, government, public or private hospital and doctors

**RE:** \_\_\_\_\_

(Name of Child)

I, hereby, authorize the performance of any medical or surgical procedures under local or general anesthesia which may be advised by the attending physicians or my child while patient of any U.S. hospital. Furthermore, I respectfully request the use of any of the hospital's services or facilities which may be regarded as necessary or beneficial in the performance of said procedure.

I agree to hold the hospital and doctors harmless from any liability in the treatment or admissions of my above name child.

Let this, by my authority, allow you, a doctor, to treat and admit my child, until I am able to arrive at your hospital and formally sign the necessary papers. It is understood that this authorization is given in advance of any specific diagnosis or emergency treatment being rendered.

My child is allergic to: \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_

Drugs currently being taken: \_\_\_\_\_

when: \_\_\_\_\_

Child is permitted to take Tylenol for headache: Yes \_\_\_\_\_ No \_\_\_\_\_

Child is permitted to take \_\_\_\_\_ for fever.

Child is permitted to take \_\_\_\_\_ for cold and flu symptoms.

Is child subject to motion sickness? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what medicine may child take? \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospitalization Carrier Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Sworn and subscribed to before me at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

***By signing this form, I agree as a parent that I will incur all expenses of my child being sent home should his or her behavior, i.e. breaking any rule at any time, warrant such action.***