

Medical Release Form

Please prepare this form for each child if you have more than one.

Student Name _____

Parent's Name: _____

Daytime Phone: Mother _____

 Father _____

Emergency contact if parent cannot be reached:

Name	Relationship	Phone
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Name of Physician _____	Phone _____
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Special instructions: _____

Allergies: _____

In the event that our child becomes ill or sustains an injury while attending a tutorial session, I, the undersigned, give my permission to those in charge to take whatever steps necessary in the administration of first aid.

I understand that this consent will apply only in emergency situations present and future, and that a copy of this form is as valid as the original. This consent is to remain in effect until written revocation is made.

This document releases the tutorial co-op from all liability in the event of an emergency: financially, morally, or otherwise.

Signature of Parent or Guardian

Date