

HOSPITAL RELEASE

DATE

Child's Full Name

Birthdate

Name of Family Physician

Name of Family Dentist

Allergies of child

Date of last DPT or Tetanus shot

Has child had?

Surgery

Serious Illness

Accidents

Other

Burns

List identifying scars, birthmarks, skin discoloration

Name of Insurance Company

Policy Number

I hereby give my consent to any hospital and/or licensed physician to administer necessary treatment to the above named child in the event of an emergency at which time (it is imperative/I cannot be reached). I give my consent for my child to be transported by ambulance if the situation warrants.

Parent/Guardian Signature
