Modev8
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MEDICAL & DENTAL RELEASE FORM FOR CHILD

Child's Name: _____ Child's Birth Date: _____

I , _____ , certify that I am the parent or legal guardian of the child listed below, and as such, I hereby convey temporary authority to the adults designated below for the sole purpose of obtaining any emergency medical or dental care for my minor that is recommended by a licensed healthcare provider to whom the presented for treatment subject to the limitations provided below (if any) and as may be deemed necessary for the well-being of my when not accompanied by a parent/legal guardian, or should either parent/legal guardian be unreachable by telephone.

BE IT FURTHER KNOWN THAT I hereby releases any licensed health care provider providing medical care to the minor listed below in reliance of this form from liability relating to such provider's acceptance of my substitute care giver's consent.

THEREFORE, I hereby approve and empower the individuals listed below with the authority to arrange and/or consent to any and all emergency medical or dental care treatment of me in my absence. This consent shall remain in effect until it is revoked by notifying the appropriate medical, mental healthcare and insurance providers, in writing, as well as the agent(s) named below that I wish to revoke it.

Child's Name: _____

Name: _____
Parent/Guardian

Signed: _____ Date: _____

Name: _____ _____
Parent/Guardian *Relationship*

Phone: _____ Work Phone: _____

Email: _____