



HOSPITAL RELEASE 2007-2008

Both parents MUST sign this document.

I, _____, give permission for my child, _____,
to be treated by Dr. _____, at _____.

In the event the above Doctor cannot be reached, I give permission for my child to be treated by
the Doctor on call.

Child's name: _____

Birth date: _____

Allergies: _____

Date of last Tetanus shot: _____

Insurance: _____

Mother's name: _____

Phone number: _____

Father's name: _____

Phone number: _____

Parent signature

Date

Parent signature

Date