

Emergency Medical Release

Dear Parent/Guardian:

In the event that medical attention is required for your child, it will be necessary to have your authorization and contact information. Please fill out the following information in its entirety.

Child's Name: _____

Parent/Guardian: _____

Primary Care Physician: _____

Known Allergies: _____

Current Medications: _____

Medication Allergies: _____

Parent/Guardian Phone Numbers: _____

Caretaker Phone Numbers: _____

Alternate Name/Number: _____

As the legal guardian of the above named child, I give my permission for Play With Words LLC to provide emergency medical services for minor injuries received while in a therapy session. In the event that an emergency is life threatening, I give my permission for Play With Words to contact emergency personnel on the behalf of my child.

Signature of Parent/Guardian: _____ Date: _____