



# Medical Information And Release Form

As a Parent and/or Guardian, I do herewith authorize the treatment by a qualified and licensed medical professional of the following minor in the event of a medical emergency which, in the opinion of the attending physician or EMT, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. Every effort will be made to contact the named parent and/or guardian.

This release is intended for the period \_\_\_\_\_ to \_\_\_\_\_, 202\_\_.

This release form is completed and signed of own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

\_\_\_\_\_ Date: \_\_\_\_\_, 202\_\_  
Parent or Guardian Name (please print)

\_\_\_\_\_  
Signature of Parent or legal Guardian

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Provincial Health Care No. \_\_\_\_\_

Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Please specify any medical allergies, chronic illnesses or other conditions.

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