

**MEDICAL RELEASE FORM**

**MEADOW WOOD CHILDREN'S CENTER**

I, (We) the undersigned parent(s) of \_\_\_\_\_ a minor, do hereby authorize Meadow Wood Children's Center as agent(s) to consent to any X-ray, Anesthesia, Tests, Transfusions, Injections, Drugs, Medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that all possible attempts will be made by Meadow Wood Children's Center to notify and/or locate the undersigned before proceeding with any medical treatment.

I hereby authorize Meadow Wood Children's Center to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical or surgical care in case I am not immediately available.

I give authorization for the staff of Meadow Wood Children's Center to provide medical care and emergency surgery.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our afore said agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his judgement may deem advisable.

**EMERGENCY MEDICAL INFORMATION**

Chronic Diseases: \_\_\_\_\_

Other Health Problems: \_\_\_\_\_

\_\_\_\_\_

Allergies: (See reverse side )

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Mother/Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

