

MEDICAL RELEASE FORM

(To be completed and signed by parents of all students under age 18)

Child's Name	Age	Allergies, Handicaps, Limiting Health Conditions, Medications, Reactions to Medications

The staff at the _____ Bahá'í School have my permission to obtain whatever medical care or diagnostic tests they deem necessary for the well-being of my children, named above, while they are attending the _____ Bahá'í School.

Parent/Guardian can be located at: _____

Address: _____

Telephone: _____

Emergency Contact Person: _____

Telephone: _____

Family Doctor: _____

Telephone: _____

Dentist: _____

Telephone: _____

Medical Insurance Provider: _____

Policy Number: _____

Parent Signature: _____ **Date:** _____