



MOSCOW CHARTER SCHOOL

Science • Technology • Engineering • Arts • Math

Emergency Medical Treatment Release Valid from 2017-2018

Child's Name: Age:

Parent/Guardian Name:

Home Address: Phone: Phone 2:

Emerg. Contact: Relationship: Phone:

Allergies:

Chronic Conditions:

Medication Taken Regularly:

Child's Physician:

Insurance Company:

Policy Number:

If I cannot be personally contacted, I hereby authorize any hospital, licensed physician and/or my child's personal physician to administer emergency treatment to my child in case of accidental injury or sudden illness.

Signature: Date: