

**20-21 Release for Emergency Medical Treatment**

Dear Parents:

In case of a medical emergency, it is imperative that the school be able to insure adequate and appropriate treatment for your child. In order to do so, a medical release is necessary. Please complete the release below and return it immediately to school.

In the event of a medical emergency requiring professional medical attention while at school, your child will be taken to Capital Health by ambulance. You will be notified immediately. A designated staff member will accompany the child until you arrive.

I/We grant permission to The Laurel School to take my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

To an appropriate medical facility in order that he/she may be provided with emergency medical attention when required. I will not hold the school financially responsible for the emergency care and/or transportation of my child. Your signature below is not sufficient for the release of confidential information protected by law.

Special instructions: (Please indicate any allergies to medication, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Parent or Guardian