

MEDICAL RELEASE FORM

Name of Child	Address	Birth Date
Name and Home Address of Parent or Guardian		Home Phone #
Name /Place of Father's Employment		Office Phone #
Name/Place of Mother's Employment		Office Phone #
Authorized Escort Other Than Parent		Phone #
Emergency Contact Person		Phone #

Medical History

Name of Family Physician _____ Phone Number _____

Drug and/or Food Allergies _____

Learning disabilities teachers should be aware of _____

Has Child's immunization program been started? _____

I hereby authorize the Georgetown Homeschool Group to obtain emergency medical care for my child

Date _____ Parent Signature _____

Printed Name of Parent _____

State of Kentucky

County of _____

Signed before me on this ____ day of _____, 20__ by

My commission expires on _____

Notary Public