

# MEDICAL RELEASE FORM

Name of Child	Address	Birthdate
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