

MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ . In the event of accident, injury, sickness, etc., I give my permission to MoezArt Productions, Inc. to initiate any and/or all medical treatment until I can be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Parents' Name _____
Phone# _____

Insurance Company Name _____

In case I cannot be reached, *ANY* of the following staff members are designated to act on my behalf.

Julie Mulkey Kristen Jones Steve Rodriguez Denise Cromer

Medical history

Does your child have any of the following? (If yes, please explain):

Drug allergies _____

Asthma _____

Any other health problems or limitations: _____

Medications your child is taking _____

Are there any special needs, emotional, physical, learning, etc., that we need to be aware of? If so, please list below:

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent of legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Guardian: _____

DATE: _____