

Medical Release Form

To be completed by Legal Guardian

I hereby give any adult representing Calvary Church of the Nazarene permission to secure immediate medical treatment for my child in the event of an accident, injury or illness. I am the legal guardian of the child listed below.

(Child's Name)

This authorization to treat the aforementioned will remain in effect from the date of _____ until they reach their 18th birthday which is _____, _____.
date) (year)

(Guardian's Signature) Date: _____

Notary Public Information

(To be completed by Notary Public)

State of _____

County of _____

This authorization was sworn to before me and subscribed in my presence this _____ day of _____, _____

NOTARY PUBLIC SIGNATURE

My Commission Expires: