

## Emergency Medical Release

Dear Parent/Guardian:

In the event that medical attention is required for your child, it will be necessary to have your authorization and contact information. Please fill out the following information in its entirety.

Child's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Parent/Guardian Phone Numbers: \_\_\_\_\_

Caretaker Phone Numbers: \_\_\_\_\_

Alternate Name/Number: \_\_\_\_\_

As the legal guardian of the above named child, I give my permission for More Than Words LLC to provide emergency medical services for minor injuries received while in a therapy session. In the event that an emergency is life threatening, I give my permission for More Than Words to contact emergency personnel on the behalf of my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_