

SOUTHEASTERN ACADEMY

#13

MEDICAL RELEASE FORM

I, \_\_\_\_\_, give Southeastern Academy permission to allow medical treatment for \_\_\_\_\_ upon my absence.

\_\_\_\_\_  
Parent or Legal Guardian Signature

Any known allergies or medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

In case of an Emergency contact:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_