

Crossroads Mother's Day Out
Emergency Medical Release

Name of Child(ren) _____

Name of Parents _____

Phone number(s) _____

In the event of a situation requiring medical attention, I _____
hereby grant permission for any and all medical treatment to be
administered to my child in the event of an accident, injury, or illness until I
can be contacted. This permission includes but is not limited to first aid,
ambulance, and the administration of anesthesia and/or surgery under the
recommendation of a medical professional.

_____ Parent Signature

Notarization:

On this _____ day of _____, _____, _____
Date Month Year Parent name

personally appeared before me in _____ County in the
State of _____.

Notary Signature