



Home School

medical release

I hereby give permission for any and all medical attention necessary to be administered to my child (name) _____ in the event of accident, injury, sickness, etc., under the direction of either of the person(s) designated below, until such time as I may be contacted. If neither of the person(s) designated below can be contacted, I give permission for treatment of my child as may be required subsequent to a determination made by the appropriate health care professional who is present. This release is effective until revoked, in writing, by me. I also hereby assume responsibility for payment of such treatment.

My name: _____ Phone (H) : _____ (W): _____
My address: _____
City: _____ State: _____ Zip: _____
My insurance company is: _____
My insurance policy number is: _____

In case I cannot be reached, either of the following is designated for Emergency Contact:

Name: _____ Phone: _____
Name: _____ Phone: _____
My physician: _____ Phone: _____
Physician's address: _____
Known allergies of child: _____
Medications they take: _____
Signature (parent): _____ Date: _____
Parent's name (print): _____

The nearest hospital is in Newberg, Oregon

Providence
1001 Providence Drive
Newberg, OR 97132

(503)537-1555



Questions? Contact the Education Coordinator, Janie Malloy at (503)678-1649 or janie@champoeg.org