

Stamford Central School
Medical/Dental Release and Transportation Consent

As a parent/guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor/dentist of the minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

We, the undersigned, give permission for our child to be transported by an ambulance or whatever means of transportation the coach deems necessary as part of his/her participation in the _____ program.

Name of minor: _____

Relationship: _____

This release form is completed and signed of my own free will with the purpose of authorizing travel and medical treatment under emergency circumstances in my absence.

Signed _____ Date _____

Address _____ Phone _____

Family Physician _____ Phone _____

Emergency Contact (if parent/guardian is unreachable):

Name _____ Relationship _____

Phone _____ Cell Phone _____