



MEDICAL RELEASE FORM

I, _____, the parent/guardian of _____
(parent/guardian) (child's name)

born on, _____

who attends Prime Time Early Learning Center, 110 Crystal Run Road, Middletown, NY 10940, hereby authorizes The Horton Medical Center, 60 Prospect Avenue, Middletown, NY 10940 to provide emergency treatment to child named above in case of injury, accident, and/or illness during the school year(s) of

_____.

Child's pertinent health information, if any _____

Child's allergies, if any _____

Child's doctor's name, address and phone number _____

Parent's health insurance for child - name and policy number of insurance company

Medicaid number (if applicable)

Emergency person's name, telephone number and relationship to child _____

Parent's signature

Date