

Afterschool Program Medical Release Form

Date: _____

To Whom It May Concern,

I, the undersigned, hereby authorize my child, **[Child's Name]**, to participate in the afterschool program at **[Program Name]**.

In the event of a medical emergency, I understand that efforts will be made to contact me. If I cannot be reached, I hereby give permission to the medical personnel selected by the program staff to secure proper treatment for my child.

I understand that I am responsible for any medical expenses incurred as a result of the treatment.

Please provide the following medical information:

- Allergies: _____
- Existing medical conditions: _____
- Medications: _____

Emergency Contact: **[Emergency Contact Name]**

Phone Number: **[Contact Number]**

Parent/Guardian Name: **[Your Name]**

Signature: _____

Date: _____