

**WICHITA JUNIOR GOLF FOUNDATION
MEDICAL RELEASE FORM**

Course location:

I, _____, parent or legal guardian of _____ do hereby consent to any hospital, medical or surgical care and treatment, and the administration of anesthesia, determined by a qualified physician to be necessary for the welfare of my child while said child is under the care, custody and control of **WICHITA JUNIOR GOLF FOUNDATION** and I am not reasonably available by telephone to give consent.

Signature of parent or legal guardian _____

Witness _____

The following information is not required, but could be helpful in any necessary treatment:

_____ Family Address

_____ Father's Home Phone _____ Father's Work Phone

_____ Mother's Home Phone _____ Mother's Work Phone

Child's birth date ____/____/____ Last Tetanus _____

Allergies to drugs or foods: _____

Special medication, blood type or pertinent information: _____

Family Physician: _____ Phone _____

Insurance Company _____ Policy# _____

LIST ADDITIONAL EMERGENCY CONTACT INFORMATION BELOW:

<u>Name</u>	<u>Relationship to Child</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This Consent to Treatment should be taken with the child to the hospital or physician's office where the child is taken for treatment.