

Child's Name \_\_\_\_\_

**CONSENT/RELEASE FORM**

List any medical information that would be necessary for us to know to ensure proper medical treatment.

Allergies \_\_\_\_\_

Medical Condition \_\_\_\_\_

Other  
\_\_\_\_\_

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I hereby grant authority to the Frankfort Park District and the teacher supervising an event to obtain a paramedic to give emergency treatment to my child or obtain ambulance services for my child when it is deemed necessary. I also give permission to the selected paramedic/physician to treat my child as requested by the Frankfort Park District in the event that I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the Frankfort Park District.

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Signature Parent/Guardian

Date