

MEDICAL RELEASE

The information listed will only be used as necessary by the staff of MPT to give to a medical provider in case of an emergency.

Students Name _____

Parent's Name _____

Home Phone _____ Cell _____

List all tissue and bone injuries (include dates):

List all allergies (foods and medications):

List all physical or medical conditions (diabetes, asthma, seizures, etc.):

Amy has a variety of teaching techniques to suit individual needs. Please feel free to let us know if the student responds to a particular style of instruction.

In case of a medical emergency is there any religious information with which a medical provider should be aware?

Preferred Hospital in case of emergency:

Facility _____

Provider Name _____

Address _____

Phone Number _____

I _____ have listed all pertinent information that pertains to my child. I allow MPT GYM, LLC to seek emergency medical treatment for the minor named on this document. I am the parent or legal guardian of said minor child.

X _____ Date _____

(Parent / Guardian)

Printed Name _____