ACC Homeschoolers Enrichment Day/ Field Trip Emergency Release for Treatment

This form should be completed by parents and given to the temporary guardian for use if emergency attention is required. (Please print) We, _____ and ____ (father) (mother) the parents of _____ (names of minor children) give temporary guardianship of said children to: while we are away from to . The named guardians have full authority to sign and approve any emergency medical care that the above mentioned children may require during our absence. The children's primary care physician is:_____ (name and telephone number) Known allergies include: Present medications include:_____ Hospital Preferred: _____ Should notification be necessary, our address is: Telephone: _____ (signature of father)

Date:

_____ (signature of mother)