



EMERGENCY MEDICAL RELEASE

In the event medical attention is required for your child while on the premises of KidsCare Therapy Center, Inc, we need your authorization to implement treatment. Please read and sign statement below.

As legal guardian of _____, I give my permission for KidsCare Therapy Center, Inc, to contact emergency personnel in the event of a urgent medical.

Signature of Parent/Guardian of Child

_____/_____/_____
Date