

ROC (Rockwall Oratorical Club)  
Medical Release  
Effective May 1, 2011 through April 30, 2012

The form pre-authorizes medical treatment for your child(ren) in the event of an **emergency** if you are not available to authorize treatment. Please fill out this form completely and sign it in the space indicated and return it to ROC. This medical release applies only in the event that neither parent listed on this form can be reached prior to medical treatment.

Child's name \_\_\_\_\_ Age \_\_\_\_\_ Gender: M F

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Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies/Special Health Considerations: \_\_\_\_\_

\_\_\_\_\_

Mother's cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

I hereby authorize the Board Members or teachers of ROC to obtain medical treatment for the child or children above if neither my spouse nor I can be reached before the treatment is to be administered.

Mother's signature: \_\_\_\_\_ Father's Signature: \_\_\_\_\_