

YOUTH COURT

EMERGENCY MEDICAL RELEASE

I, _____ hereby give permission to
Parent or Guardian

Community Service Agent
to call and obtain the services of a physician or hospital for medical or surgical care for
_____ should a medical emergency
Youth

arise. I understand that a conscientious effort will be made to locate me before any action will be taken.

Mother or guardian's work phone _____

Father or guardian's work phone _____

Home phone _____ Cellular phone _____

Physician's name & phone _____

Hospital preference _____

Insurance _____

Signature of Parent or Guardian

Date