

**MAPLE BEAR ACADEMY
MEDICAL RELEASE FORMS**

Child's Name: _____

Date of Birth: _____

Insurance Provider: _____

Subscriber Name: _____

Group #/Policy #: _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event of an accident or other medical emergency, I hereby give my permission for the staff of Maple Bear Academy to obtain immediate qualified medical help for child. I also accept responsibility for any expenses incurred. I hereby release the Maple Bear Academy Staff of any liability with respect to actions they may take in carrying out the necessary assistance. It is understood that every effort will be made to contact me immediately.

Parent/Guardian's Signature:

1) _____

2) _____

Dated: _____

Witness: _____