

**MEDICAL & DENTAL RELEASE FORM**

**FOR MINOR**

**WAY OF WISDOM HOMESCHOOL GROUP LLC**

I, \_\_\_\_\_ certify that I am the parent  
or legal guardian of \_\_\_\_\_

\_\_\_\_\_ and as such, I hereby convey  
temporary authority to Melissa Redmond/Way of Wisdom Homeschool Group LLC for  
the sole purpose of obtaining or arranging any emergency medical or dental care for the  
minor as may be deemed necessary for the well-being of my when not accompanied by a  
parent/legal guardian or should either parent/legal guardian be unreachable by telephone.

***THEREFORE***, I hereby approve and empower the below listed individuals with the  
authority to arrange and/or consent for any and all emergency medical/dental care and  
treatment of my in my absence:

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Parent/Legal Guardian)

\_\_\_\_\_  
(Relationship to )

\_\_\_\_\_  
(Home/Work Number)

\_\_\_\_\_  
(Cell Number)

**MINOR'S INFORMATION**

**Child's/ Children's Name(s) and Date(s) of Birth:**

**Parent/Guardian Full Name:**

**Address:**

**Home Telephone Number:**

**Cell Number:**

**Work Phone:**

**Allergies:**

**Medical Conditions:**

**Current Medications:**

**AUTHORIZED EMERGENCY CONTACTS**

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(Emergency Contact Name)

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(Relationship to Minor Child)

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(Home/Work Telephone Number)

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(Cell Phone Number)

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**HEALTH INSURANCE & DOCTOR INFORMATION**

**Insurance Company:**

**Policy Number:**

**Group Number:**

**Physician's Name:**

**Address:**

**Telephone Number:**

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**NOTES AND/OR IMPORTANT INFORMATION**