## $\frac{Medical\ Release}{(Session\ 1\ 2019)}$

Authorization for Emergency Medical Treatment

Let it be known that I,now residing at	am a legal resident of
lawful parent/guardian and have full custody	ofann the
That I have made, constituted, and appointed and appoint officers, directors, agents, servan Club, Inc. to act for me and in my name place hereinafter set down, as fully to all intents an present, with full power of substitution and reall the sail personnel shall do or cause to be defined.	ats and employees of The Seaford Yacht e, and stead to perform and all acts d purposes as I might or could if personally evocation hereby ratifying and confirming
I AUTHORIZE ANY AND ALL MEDICAL AND HOSPITAL CARE AND TREATMENT, INCLUDING MAJOR SURGERY, DEEMED NECESSARY BY A DULY LICENSED PHYSICIAN OR DULY LICENSED STAFF PHYSICIAN AT ANY MEDICAL FACILITY WHICH IS NECESSARY FOR THE HEALTH AND WELL-BEING OF MY CHILD NAMED HEREIN.	
The terms of this appointment becomes null a  In witness whereof, I have heron set my hand	
(Signature of Parent/Guardian)  Child's medical information or history (such	(Signature of Parent/Guardian)
Cliffe 5 incurcal information of instory (such	as anergies, medicines, etc
Child's medical doctor: Doctor's address	Doctor's phone number:
IN CASE YOU CANNOT BE REACHED, F AND PHONE NUMBER TO BE USED IN (	
Name	Phone Number