

CHILDREN'S MUSICAL THEATRE WORKSHOP, INC.

A NON-PROFIT 501 (C)(3) CORPORATION
SERVING THE CHILDREN OF VOLUSIA AND FLAGLER COUNTIES

102 East Granada Blvd.
Ormond Beach, FL 32176
386.672.2880

MEDICAL RELEASE STATEMENT

TO: Any military, government, public or private hospital and doctors.

RE: _____
(Name of Youth)

Be advised that Cynthia Simmons, Jennifer Simmons, Michele Turbin, and/or Nancy Jo Mosser have my permission to admit my youth for any medical treatment.

I hereby authorize the performance of any necessary emergency medical and surgical procedures under local and/or general anesthesia, which may be advised by attending physicians of my youth while patient of any U.S. hospital. Furthermore, I respectfully request the use of any hospital's services or facilities, which may be regarded as necessary or beneficial in the performance of said procedure.

Let this be your authority to treat and admit your youth.

My Youth is Allergic to: _____

Drugs currently being taken: _____

When: _____

Youth is permitted to take :

Please circle those that apply: Tylenol Advil Motrin or _____ for headaches.

Yes: _____ No: _____

Family Physician: _____ Phone: _____

Hospital Carrier Name: _____

Policy Number: _____

Parent or Legal Guardian Printed Name: _____

Parent or Legal Guardian Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: Work: _____ Home: _____ Cell: _____

Sworn and subscribed to before me at _____, Florida county of _____
this _____ day of _____ 20_____.

Notary Public _____