



## Medical Release Form

This instrument will authorize Project Challenge or any senior staff member of Project Challenge (PC) to carry out the following actions requiring the medical care of \_\_\_\_\_ . Authorizations shall extend to any time when said child is in Project Challenge.

I authorize PC employees to select and employ a qualified physician and to use local hospitals and/or emergency treatment of illness or accidents. Further, I authorize PC to select and employ a physician and medical facility in any other town or state that PC may be utilizing.

I authorize PC senior staff members to render such information as required by hospital admission rules, as a competent adult, forms permitting examination and possible treatment. I understand that physicians and hospitals are reluctant and sometimes unwilling to examine and treat patients without such authorized signature, and PC will permit only routine and emergency procedures, to include preventive and corrective care. However, I understand that major or prolonged treatment will only be undertaken with my specific permission, except when such permission is impossible to obtain within the limitations of time or other conditions. I further understand that I am responsible for all medical and hospital expenses incurred by my child and have insurance or means to cover such expenses.

I understand that in the event of accident or illness all actions of PC, its regular and medical staff agents, as my own, will be guided by the best interests of my child.

Furthermore, I understand that I, my heirs, executors, and administrators, forever release PC and its employees from claims, damages, actions or causes of action which may occur due to litigation which they make with respect to the medical care and treatment of my child.

I, \_\_\_\_\_, certify that I am the parent, custody parent, or legal guardian of \_\_\_\_\_, and that I sign this release and authorization on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ in the presence of witness signing below.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/ Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness