

Hartmann Learning Center
1 ½ Hood Road
Derry, NH 03038
603-689-5196
jill@hartmannlearning.com

Medical and Dental Release Form
Permission to Treat

I, _____, certify that I am the parent or legal guardian of the minor listed below, and as such, I convey temporary authority to Hartmann Learning Center for the sole purpose of obtaining any emergency medical or dental care for my child as is deemed necessary for the well being of my child during the time of _____. I grant permission for my child to be treated medically/dentally as is necessary.

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and I waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

Emergency Contact and Medical Information for a Child

Child's Name

Date of Birth

Gender

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone

Work Phone

Home Phone

Work Phone

Cell Phone

Cell Phone

Address

Address

City, State, Zip Code

City, State, Zip Code

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Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone		Cell Phone	
Address		Address	
City, State, Zip Code		City, State, Zip Code	

Medical Information

Hospital/Clinic Preference	
Physician's Hospital	Phone
Insurance Company	Policy Number
Allergies/Special Health Concerns	