

MEDICAL RELEASE

I _____ give permission to the staff of
(Parent/Guardian full name)

Monroe Township Junior Falcon Wrestling Club to authorize and/or render
Medical treatment for my son / daughter:

(Full name of child)

in the event I am unavailable.

Hospital preference: _____

Print full name: _____

Signature: _____

Relationship to child: _____

Date: _____

Witnessed by: _____

Date: _____