



**Medical Release Form 2010/2011**

I hereby give permission to the employees of Connecticut Friends School to seek medical help for my child, \_\_\_\_\_, if it is deemed necessary and I am not available to take my son/daughter myself. Also, CFS employees may make emergency medical decisions if I cannot be reached.

Signature \_\_\_\_\_  
(Parent or Legal Guardian)

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Please Print)