



ASPEN CREEK ACADEMY

GROWING THE FUTURE

Medical Release

The undersigned do hereby authorize any Staff/adult representative of **Aspen Creek Academy** to consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the below named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the before mentioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

This authorization will remain effective while the below-named minor is in the care of **Aspen Creek Academy** during the dates of enrollment unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

I also hereby give my permission to Aspen Creek Academy to call a doctor for medical or surgical care for my child should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action will be taken, but if this is not possible the expenses of emergency medical treatment or care will be accepted by me.

Childs Name (please print) _____ Date of Birth ____/____/____

Parent/Guardian's Name _____

Parent/Guardian's Signature _____ Date ____/____/____