

# Medical Release

Custer Public School District # 15

DATE \_\_\_\_\_

Permission is given to all **Custer School District** Personnel to seek medical attention for \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission is given to any attending physician to perform any and all emergency treatment for \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission is also given for admission to the hospital should the attending physician deem it necessary.

Allergies \_\_\_\_\_

Medical Problems \_\_\_\_\_

Birth date \_\_\_\_\_

Insurance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor preferred \_\_\_\_\_

Hospital preferred \_\_\_\_\_

This consent form is valid for the period of 2025-2026 school year for all school activities.

Parent signature \_\_\_\_\_

Relationship \_\_\_\_\_