

**Unity Family Services**

Moreno Valley, CA

951-384-1875

ufamilyservices@gmail.com

**Emergency Release Form**

(Medical/Contact)

In case of emergency, I \_\_\_\_\_ hereby do authorize Unity Family Services to obtain emergency medical treatment for my child (ren) if necessary. I authorize Unity Family Services to contact my emergency contacts if deems necessary. I assume all risk and responsibility from which may arise from acts or omissions by the following emergency contacts listed.

Please print legibly:

Child's Name	Current Medical Issues

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Medical insurance information: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Custodial: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Custodial: \_\_\_\_\_

Print Name: \_\_\_\_\_

Custodial/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_