



Medical Release Agreement

Spring & Summer 2018

I, _____, whose date of birth is _____, _____, authorize, Andrew Kelly, Executive Director of Jeremiah's Hope, Inc. or should said individual be unavailable, then any available representative of Jeremiah's Hope, Inc., to consent to emergency medical treatment on behalf of myself (or my child travelling without me and under the age of 18) in case of any illness or injury, to be administered by such medical institutions and medical professionals as may be selected by said representative of Jeremiah's Hope, Inc., including any procedure that such medical institutions and medical professionals deem advisable in attempting to treat the emergency condition or any related medical condition that may be encountered during any necessary medical treatment.

If signing for a child under the age of 18,
please print child's name _____

X _____ Date _____

Home Phone _____

Work Phone _____

Address _____

City _____ State _____ Zip Code _____