



**EMERGENCY MEDICAL
RELEASE FORM**

As parent or guardian of _____, I hereby grant permission
Name of Child
to Powerhouse Therapy and its representatives, agents, and/or employees to summon emergency
medical attention from the fastest source available to treat _____
Name of Child
during any emergency situation. I do hereby release Powerhouse Therapy and any medical personnel
which may be summoned and utilized during an emergency medical situation from all liability that may be
related to the emergency medical attention given to _____.
Name of Child

Done the day of _____

Name of Child _____

Signature of Parent/Legal Guardian _____

Witness _____