



Medical Release Form

Know all Men by these Presents

That I, _____ a legal resident of the (town, city or country)
of _____ State of _____ United states of
America; have made, constitute and appointed, and by these presents do make, constitute and
appoint Tots Around the Clock and its employees whose address is 1640 Michigan Avenue
Virginia Beach, Va. 23454 to act in my name, place, and stead to procure and authorize any and
all medical and hospital care and treatment, including major surgery, deemed necessary by a duly
licensed physician in any doctor's office, medical facility, hospital , or other place, if treatment
or surgery is recommended to be in the best health and welfare of my child or children as named
herein.

NAME: _____ DOB _____ AGE _____

NAME: _____ DOB _____ AGE _____

NAME: _____ DOB _____ AGE _____

Notwithstanding my insertion of a specific expiration date herein, This medical release for shall
become NULL AND VOID after (1) year from the date of issue.

Parent Signature _____ Date _____

Parent Signature _____ Date _____