

TEENS LIKE ME, INC.

213 16th Street Atlanta GA. 30363

t1m@teenslikeme.org

MEDICAL RELEASE FORM

Name of **Student**: (please print) _____

We/I hereby authorize Teens Like Me, Inc. to act as agency for the undersigned to consent to medical/surgical treatment or hospital care which is deemed advisable by a physician or surgeon on an emergency basis.

Date: _____

Signature of Student: _____

Signature of Parent/Guardian: _____

Home phone: _____

Evening phone: _____

Cell phone: _____

In case of emergency, your child will be treated at **Atlanta Medical Center**.

Insurance Provider _____

Policy # _____

or

Medicaid Card # _____

or

Self pay _____