



Fatima Tricha Payan Large Family Child Care Home ("LFCCH")

## Medical Release Form

I \_\_\_\_\_,  
parent/guardian of \_\_\_\_\_  
do not give permission or permission is not needed at this time.

give permission to Fatima Tricha Payan Large Family Child Care Home ("LFCCH") to  
obtain emergency medical treatment for my child, if necessary, at the nearest medical facility,  
South Miami Hospital.

Child's physician: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please note any allergies, medication, or pertinent medical history:

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This document is valid from August 24, 2020 to August 1, 2021.

Parent's or guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_