



Raintree Village
3757 Johnston Road
Valdosta, GA 31601

Phone: 229-559-5944
Fax: 229-559-7760

www.raintreevillage.org

MEDICAL/HEALTH CARE RELEASE

Name of Child: _____

Social Security Number: _____

Insurance/Medicaid Number: _____

The child named above is legally in the care of:

As the legal guardian I, _____,

I agree to authorize Raintree Village to render medical services and treatments, including surgery, as may be deemed necessary by duly licensed physicians in the best interest of the child, with or without notice to or further comment of the undersigned.

Authorized agents shall be persons in possession of this release.

Legal Guardian's Signature: _____ Date: _____

Youth's Signature: _____ Date: _____