2013 SENATE PAGE/MESSENGER PROGRAM

MEDICAL RELEASE FORM

This form MUST be notarized in the space below.

Please Print

In the event I can not be reached, Virginia Commonwealth University Medical Center has permission to treat _____ _____ _____
First Middle Last
(a page/messenger) for illness or injury.

Name of Parent/Guardian (*Please Print*)	Signature of Parent/Guardian	Date month/day/year
Name of Parent/Guardian (*Please Print*)	Signature of Parent/Guardian	Date month/day/year

COMMONWEALTH OF VIRGINIA

city/county of_____ to wit:
The foregoing pool waiver was acknowledged before me on the ____ day of _____
(year)_____ by

Official Notary Stamp

_____
Signature of Notary Public

My commission expires _____