



Medical Release Form

I have granted C. MO'S KIDS a Non-Profit Organization that grants outdoor experiences permission to contract my Child's attending physician regarding the health status of my child and hereby grant permission for the physician to release the requested information to C. MO'S KIDS. The information needed will be submitted on letterhead, showing the physicians license number & stating the youth's name, health conditions (terminal illness or Disability).

Parent or Guardian

Date