



Medical Release

Please fax completed forms to Playworks at **952.496.6820**

(See attached forms)

CLINIC NAME

PHONE NUMBER

DOCTOR

FAX NUMBER

CHILD'S NAME

DATE OF BIRTH

CHILD'S NAME

DATE OF BIRTH

CHILD'S NAME

DATE OF BIRTH

I give permission to _____ (clinic) to fax completed copies of any health care records for the child/children listed above to Playworks as needed while they are enrolled. These records will be kept on file at Playworks as a requirement of Playworks licensing standards.

PARENT / GUARDIAN NAME

PARENT / GUARDIAN SIGNATURE

DATE

playworksfun.com

2200 Trail of Dreams • Prior Lake, MN 55372 • 952.445.PLAY (7529)
SMSC Infant and Toddler Classroom • 2330 Sioux Trail • Prior Lake, MN 55372 • 952.496.6124
