

Oswego Junior Public Safety Academy



Medical Release

In the event of any emergency, I authorize the Village of Oswego Police Department and the Oswego Fire Protection District Employees to secure from any licensed hospital; physician and/or medical personnel any treatment deemed necessary for my child's immediate care and agree that I will be responsible for payment for all medical services rendered.

Name of Child

Parent or Guardian Name

Signature of Parent or Guardian

Date



Return Application and Waivers to:
3355 Woolley Rd, Oswego, IL 60543

