

## MEDICAL LIABILITY RELEASE FORM

Please type or print all information:

Participant's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Telephone: Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Delegate's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Telephone Number: Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Student is covered by group or medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following information:

Name of insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy#: \_\_\_\_\_

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergy: \_\_\_\_\_

b. Physical Handicap: \_\_\_\_\_

c. Convulsions: \_\_\_\_\_

d. Medicine Reactions: \_\_\_\_\_

e. Blackouts: \_\_\_\_\_

f. Disease of any kind: \_\_\_\_\_

g. Heart or Lung problems: \_\_\_\_\_

h. Other (be specific): \_\_\_\_\_

If currently taking medication, please provide the following information:

\* Name of medication: \_\_\_\_\_

\* Prescribing Physician and Phone Number: \_\_\_\_\_

LIABILITY RELEASE: I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage. I hereby release any designated individual in charge of the activity/event from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with said activity/event.

PARENT/GUARDIAN: Please check one of the following and sign your name.

\_\_\_\_\_ I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

\_\_\_\_\_ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

(The above line must be signed by the parent or legal guardian, regardless of applicant's age with the exception of post-secondary applicants.)