Red Land School Medical Release From

(Please Print)

School Year:___2010-2011__

Student Name:_____

Last First Middle

Addess:_____

Street

_____

City State Zip

Parent or Guardian Name:_____

Address:_____

Home Phone#:_____Work Phone#_____

Person to contact if unable to reach parent or guardian:

Name:_____ Phone#:_____

Doctor's Name:_____ Phone#_____

Medical Insurance Co:_____ Policy/Group#_____

Medical Record:

Allergies to medication:_____

Other allergies:_____

Serious Illness:_____

Current Medication(s):_____

Other health problem(s):_____

Date of last Tetanus Shot:_____

Parent or Guardian Signature:_____

Signature

_____

Date

Parental consent Form

I, hereby give consent for my child _____ to participate in _____and I declare that we have either school insurance or family insurance to cover any accidents, and in consideration of my child's participation in said school activity, I hereby release the West Shore School District, its directors, agents, and employees of all responsibility and liability, for loss or injury to his/her person or property.

_____ _____

Date of Signature Signature of Parent or Guardian

I consent for a qualified physician to perform any medical or surgical procedures he/she deems advisable to the welfare of this applicant while he/she is participating in school supervised events. Further, this authorization permits said physician to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general or both) or surgery for this applicant. The undersigned does hereby assume and agree to pay any indebtedness or physician's and surgeon's fees and hospital charges for such services.

_____ _____

Date of Signature Signature of Parent or Guardian

_____

Relationship to Student