

Red Land High School Medical Release Form (Please Print)

School Year: 2011-12

Student Name: _____

Last

First

Middle

Address: _____

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 of 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 of 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

(Please complete both sides of this form)