

Medical Release Form for Summer Camp

(This form must be kept onsite by the event sponsor)

I, _____,
the parent/guardian of
(Print Parent/Guardian's Name)

_____ do
herby give my permission
(Print Student's Name)

to The Perfect Performance and its representatives during the
_____ to secure medical
(Print Activity/Event Name)

attention for my child in the event of accident or illness while under his/her supervision. I understand that the adult sponsor will attempt to contact me before releasing my child to the care of a doctor or hospital.

Should my child need medical attention, and I cannot be contacted, neither the sponsor, The Perfect Performance, or its representatives are to be held responsible for any occurrence which might transpire during the rendering of medical services to my child by a doctor or hospital staff to whom my child may have been released.

It is further understood that the case of accident or illness which requires the services of a doctor or hospital, that I will assume the payment of all expenses incurred in securing the services of the doctor or hospital.

I further stipulate, that the reverse side of this document contains confidential information which I have supplied regarding my child's medical status, and that the information is correct. This information is to be shared with an attending physician and/or hospital staff member only in the case of emergency.

Student Medical Information

Student Lane Name _____ First
_____ MI _____

Parent/Guardian Name _____ Home Phone _____ Work
Phone _____

Home Address (Street) _____ City _____ State
_____ Zip _____

Student's Date of Birth _____ Student's Social Security
Number ____ - ____ - _____

In the event of an emergency and you cannot be reached, please list two other persons we should call in an attempt to find you.

Name _____ Home Phone _____ Work
Phone _____

Name _____ Home Phone _____ Work
Phone _____

In the event of an emergency, and I cannot be reached, I hereby authorize the school district's designated representative to take whatever action is deemed necessary and appropriate, including giving consent from medical treatment for the above named child. (Section 35.01 Texas Family Code)

Is your child allergic to any medication, food, insects, or plants? YES _____ NO _____
If "YES" please list any allergies your child has to medication, food, insects, plants, etc.

Please give any information about your child's physical or medical conditions that you feel would be important in the case of emergency.

If medication is to be administered during the trip, please fill out and sign the release form as specified below.

I hereby give permission for _____ to be given the medications only as prescribed and listed below:

(Student's Name)

Name of medication: _____ Dosage: _____

Time(s): _____

Name of medication: _____ Dosage: _____

Time(s): _____

Name of medication: _____ Dosage: _____

Time(s): _____

I understand that the medication must be in the original container and properly labeled (including student's name) for the medication to be administered.

Signature of parent/guardian listed above: _____

Date: _____

Insurance Company _____ Policy Number _____ Phone Number _____