

Medical Release Form

Student's Name: _____ DOB: _____

Telephone: _____

Email Address: _____

Address: _____

Parent's Name (if different from the student): _____

Please list all special medical problems below:

1. _____ 2. _____

3. _____ 4. _____

We will have simple medications for minor problems and will use our judgment in dispensing these.

Example: Tylenol, aspirin, Pepto-Bismol and Dramamine (for motion sickness): If you have any objection. Please inform us.

Is your child allergic to any medication? _____

If so, what medication? _____

In case of illness or accident, we will secure professional help for your child and contact you by telephone. Please list below Mother's and /or Father's home and work numbers and the number of one relative or friend we could contact in case we are unable to reach you. If you have another procedure you would like us to follow, please indicate that below.

| Name | Home | Work |
|------|------|------|
|------|------|------|

1. _____

2. _____

3. _____

In case of an emergency, I hereby appoint Andrew T. Penrod or Jack Cosgrove as my agent to determine whether or not medical services are required for my child and agree that Andrew T. Penrod's or Jack Cosgrove's signature will be binding upon me for that purpose.

Insurance Co. _____

Date: _____

Parent/Guardian Signature: _____