

Student Medical Release Form – 2018



Participant's Name _____ Male / Female Date of Birth _____
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Participant's Name _____ Male / Female Date of Birth _____
Address _____
Parent/Guardian Home Phone _____ Cell Phone _____ Do you text message? _____
Parent/Legal Guardian's Name _____
My child can be released to _____
Insurance Company _____ Policy Number _____
Family Physician _____ Office Phone _____
Name of Person to contact in case of an emergency: _____
Home Phone _____ Cell Phone _____
Allergies (including drugs): _____
Special instructions or information: _____

Medical Care Authorization

In case of an emergency you are authorized to take such measures and arrange for such medical and hospital treatment as you may deem advisable for my health and wellbeing. I release Harbor Homeschool, the staff, and volunteers, Dearborn Free Methodist Church from claim or liability due to sickness or injury.

I attest to the fact that each above named individual is covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency.

I understand that this is a MEDICAL RELEASE FORM. _____

Release of All Claims

In consideration for my participation in activities sponsored by Harbor Homeschool, I hereby release, discharge, indemnify, and agree to hold harmless Harbor Homeschool, its directors, officers, and employees, agents, all volunteer personnel and Dearborn Free Methodist Church from any and all liability for personal injuries and/or damage(s), injury, or illness that may be suffered.

I further agree to indemnify and hold harmless Harbor Homeschool, its directors, officers, employees, agents, and all volunteer personnel for any claim and/or damages it or its agents are required to pay as a result of any injury or damage including reasonable attorney fees, litigation expenses, and court costs. _____

Publication Release

As part of classroom/school projects, we occasionally use photos of students. In order to do so, it will be necessary to have your approval. As a parent and/or guardian for the named child, I will hold The Harbor and its employees harmless from any liabilities in connection to printed or online publications. _____

Printed name _____

Signature _____ Date _____