

WEST SHORE SCHOOL DISTRICT CCMB 2010 MEDICAL RELEASE / INSURANCE FORM

Please Print: To be completed and signed by student's parent or guardian.

School _____ Year _____ Current Grade _____

Student's Name _____ Date of Birth _____

Home Address _____

Parent/Guardian's Name _____

Home Address _____

Home Phone # (____) _____ Work Phone # (____) _____

Person to contact in case unable to reach parent/guardian:

Contact Name _____ Phone # (____) _____

Family Physician _____ Phone # (____) _____

Medical Insurance:

Name of Company _____ Policy # _____

Name of Employing Company _____

Company Address _____

Medical Record: Complete all lines even if only with the words "None" or "Not Applicable"

Allergies to Medication _____

Other Allergies _____

Serious Illnesses _____

Current Medication(s) _____

Other Health Problems _____

Date of last tetanus shot _____

Parent/Guardian's signature _____ Date _____

Parental Consent:

I hereby give consent for my child, _____ to participate in _____ and 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.

Parent/Guardian's signature _____ Date _____

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.

Parent/Guardian's signature _____ Date _____

Relationship to Student _____