

Medical Release Form

I, _____ of _____,
Parent/Guardian Name Street Address
_____ NE _____ am the _____ of _____
City State Zip Relation Student's Name
of _____ NE _____
City State Zip

I hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgement of the attending Physician while _____ Student's Name is absent from home *March 25, 2011 to March 28, 2011.*

Student's Date of Birth: _____ Social Security Number: _____

Parent/Guardian Phone Numbers:

Work: _____ Home: _____ Cell: _____

Family Physician: _____ Family Dentist: _____

Address: _____ Address: _____

City, State Zip: _____ City, State Zip: _____

Phone: _____ Phone: _____

Medical Insurance Company: _____ Policy #: _____

Name of Insured: _____

The following information is needed by any hospital or practitioner not having access to a medical history:

Allergies: _____

Medication Being taken: _____

Date of last tetanus shot: _____

Physical Impairments: _____

Other pertinent facts to which physicians should be alerted: _____

If Parent/Guardian cannot be reached in case of emergency, call:

_____ First Choice Name _____ Phone Number

_____ Second Choice Name _____ Phone Number

In a medical emergency. I consent to the local/state adviser or appointed agent, his, her or their discretion in using, taking, arranging for or consenting to the procedures of treatment.

I agree to indemnify and hold harmless Milford Public Schools and representatives thereof, for any and all claims, demands, actions, rights or action, and/or judgements by or on behalf of the above-named student arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

I assume the total financial responsibility for the above named student and will not hold Milford Public Schools responsible in the event of medical emergency.

Signature of Parent/Guardian Date

Signed in my presence this _____ day of February, 2011 _____
Date Notary's Signature