

# Sherman ISD Summer Enrichment Program Medical Release Form

I, (parent/guardian) \_\_\_\_\_, the parent and/or legal guardian of (student) \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the above noted minor, my express permission to participate in the Sherman ISD Summer Enrichment Program in June 2009.

I understand that all precautions will be taken to prevent any accident, and I do hereby release the Sherman ISD, its agents or employees, from any liability resulting from an accident involving my child. I also understand that there will be no nurse on-site with the program, and that I will be responsible for attending to my child's needs regarding medication before and/or after his/her attendance.

In the event of an emergency necessitating medical attention for my child, I do hereby authorize that treatment be given by qualified and licensed medical personnel. I understand that I will be notified as soon as possible and that all expenses incurred in treatment will be assumed either directly by me or by my insurance coverage as noted below.

I acknowledge that liability of the school district and school employees is narrowly defined and extremely limited by State law and local policy.

\_\_\_\_\_  
Signature of parent or legal guardian

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## **Confidential Medical Information**

Student Name \_\_\_\_\_ Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_  
Student Grade Level for 09-10 \_\_\_\_\_ Student School for 09-10 \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Hospitalization: Group Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

List pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, drug or medication allergies, etc..... \_\_\_\_\_

**\*\*Please list food allergies here:**

List any regular medication the student is taking: \_\_\_\_\_

List any other information which may be helpful: \_\_\_\_\_

Current immunization status: Tetanus \_\_\_\_\_ Polio \_\_\_\_\_

Two other local contacts in case of emergency:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_