MEDICAL LIABILITY RELEASE FORM

DIRECTIONS: Due to legal restrictions, it is necessary that all students complete a medical liability release form which will be retained on file by the JAG Specialist.

PLEASE TYPE OR PRINT ALL INFORMATION

Student
Name _____

Parent I Guardian
Name _____

Home Address _____

Parent/Guardian Telephone: (work) _____ (home) _____

Student's Physician: _____ (work) _____

Alternate Contact: _____

Alternate's Telephone Number: (work) _____ (home) _____

Student is covered by group or medical insurance: ☐ Yes ☐ No If yes, complete the following information:

Name of insured: _____ Insurance Company: _____

Group #: _____ Policy #: _____

Please check all conditions that apply and provide a brief description:

☐ Allergies: _____ ☐ Physical Handicap: _____

☐ Convulsions: _____ ☐ Medicine Reactions: _____

☐ Blackouts: _____ ☐ Disease of any kind: _____

☐ Heart/lung problems: _____ ☐ Other (be specific): _____

If currently taking medication, please provide the following information:

Medications (list below): Prescribing Physician Name/Telephone:

_____ _____

_____ _____

LIABILITY RELEASE. I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this trip. I hereby release National JAG and any designated individual in charge of the JAG group of specific activity from any legal or financial responsibility with respect to my personal or my student's/child's participation in or contact with any known element associated with an activity.

PARENT/GUARDIAN: Please check one of the following and sign your name.

☐ I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

☐ I do **NOT** give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature: _____ Date: _____

(Form must be signed by the parent or legal guardian for students under the age of 18.)

Student Signature: _____ Date: _____

Specialist's Signature: _____ Date: _____