Medical Information/Release Form

School _____ Date of Birth _____

_____ _____ _____

Last Name First Name Middle Initial

_____

Street City State Zip Home Telephone

_____

Name & Telephone Number of Person to Contact in Case of Emergency

_____

Name, Address, Office & After Hour Telephone Numbers for Family Physician

_____

Name of Personal Health & Accident Insurance Company

_____

Allergies, Reactions, or Other Comments

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurements, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This medical treatment release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances to my child in my absence.

_____

Parent or Guardian Signature & Date

As a parent/guardian, I do hereby agree to waive and release all claims I may have against LaSalle Manor and their officers, agents, employees, and volunteers as a result of my child's activities. The exception would be any injury or damages that may occur because of the sole negligence, gross negligence, or willful or wanton misconduct of LaSalle Manor, its officers, agents, employees, or volunteers.

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Parent or Guardian Signature & Date