

MEDICAL RELEASE FORM

A Doctor's Certificate is NOT required. (This form is to be completed by parent/guardian-regardless of your age)

STUDENT NAME: _____ AGE: _____ D.O.B. _____

Student taking any medication? YES _____ NO _____ If yes, list below:

List any allergies: (including food, medicines, etc.):

Does student have any dietary restrictions or considerations that we need to be aware of: (Religious, allergies, vegetarian, etc.):

MEDICAL INSURANCE COMPANY COVERING STUDENT _____

POLICY NUMBER: _____ GROUP: _____

PRIMARY INSURED MEMBER'S NAME: _____

In the event I cannot be reached in an emergency, I hereby give permission to the NMACDA director/chaperones to secure proper medical treatment, and if necessary, to transport by ambulance, hospitalize, and to order injection, anesthesia or surgery for my child listed on this form.

PARENT/GUARDIAN IS RESPONSIBLE FOR ALL MEDICAL COSTS INCURRED DURING THIS EVENT.

PARENTS'/GUARDIANS' NAME: _____

PARENTS'/GUARDIANS' SIGNATURE: _____ DATE: _____

HOME PHONE: _____ WORK PHONE: _____