



**An Education  
Resource Center**

# The Country Schoolhouse

## Medical Release

(Please Write in Print)

Student's full name: \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_ visual \_\_\_\_\_ hearing \_\_\_\_\_ speech \_\_\_\_\_ diet \_\_\_\_\_ other

If yes, please give specifics in the space provided below or attach additional information to this form:

\_\_\_\_\_  
\_\_\_\_\_

List your contact information below on the first line. If you cannot be reached in the event of an emergency, please list two other contacts. Make sure each person is aware they are listed as a contact. Should an emergency arise, the individual contacted must have authority to act on your behalf.

### EMERGENCY CONTACTS

Name:	Relationship to Child:	Phone Number:
_____	<u>Parent/Guardian</u>	_____
_____	_____	_____
_____	_____	_____

Is the child covered under insurance? \_\_\_\_\_

Insurance company name: \_\_\_\_\_

Insurance policy number: \_\_\_\_\_

Primary policy holder's name: \_\_\_\_\_

Child's physician: \_\_\_\_\_

Physician phone number: \_\_\_\_\_

I, \_\_\_\_\_, authorize faculty/staff of The Country Schoolhouse to call for medical assistance based on their judgement while my son/daughter is in their care at the Country Schoolhouse. A local physician is hereby authorized to render primary medical care to my son/daughter during his/her enrollment in The Country Schoolhouse. This authorization is not intended to provide any unusual authority to a medical professional except that authority necessary for routine and/or emergency medical care to my son/daughter while attending The Country Schoolhouse. I accept full responsibility for any medical expenses incurred as a result of such treatment.

Parents are routinely informed of any emergency medical condition(s) that occur.

I understand that should my child bring a prescription medication to The Country Schoolhouse, it must be in its original prescription bottle reflecting his/her name and dosage information. I give my son/daughter permission to self-administer his/her medications if necessary at The Country Schoolhouse.

I understand that The Country Schoolhouse will only accept my child's participation in The Country Schoolhouse if this form is completed in its entirety, all authorizations delivered. I have read all information with complete understanding and authorize my child's participation in classes at The Country Schoolhouse.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**Consent to Participate and Hold Harmless Statement**

I hereby give permission for my child, \_\_\_\_\_, to participate in any and all activities of The Country Schoolhouse. I will not hold The Country Schoolhouse or its employees responsible for any accidents or injuries incurred during said workshop. I also agree that any research data collected and/or publicity information produced (film, photos, news interviews, etc.) in relation to this activity may be used by The Country Schoolhouse.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

SWORN TO AND SUBSCRIBED BEFORE ME on this, the \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

---