

PARENTAL RELEASES:

School Name _____

SIGN ONE OF THE TWO CHOICES THAT FOLLOW:

- 1. I grant permission to the Educational Talent Search staff to act on my behalf in granting permission for evaluation and treatment of medical problems for _____
(name of minor)

I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby, give my consent to such treatment as deemed necessary (including surgery, x-ray examinations and anesthesia to be rendered to said minor by a licensed physician or nurse)

(parent/guardian's signature)

Date: _____

OR

- 2. I do not wish medical care of any kind **except** emergency care to be provided for _____
(Name of minor)

parent/guardian signature

Date: _____

Please list below anyone you will allow your child to ride with to and from Educational Talent Search events. You may list the specific names of people, or you may list things like "any parent of an Educational Talent Search student," or "any ETS student," etc. If you mark "no preference," this means we may release your child to ride with anyone she/he chooses.

In addition to Educational Talent Search staff and the bus company hired by Educational Talent Search, I give my child permission to ride with the following people:

_____ No preference

(You may make changes to this decision at any time in writing)

In consideration of being allowed to participate in Educational Talent Search and its activities sanctioned by Mineral Area College, I, _____, the parent or guardian of _____, do hereby release, waive, and discharge Mineral Area College and Educational Talent Search of and from all liability, claims, or demands arising out of my child's participation in said program and its activities, including any accident or injury that may occur in route to or from Mineral Area College or to or from any of the activities/field trips sponsored by Educational Talent Search. I recognize that by signing this waiver I am waiving important substantive rights on behalf of the above named student and do so voluntarily and assume all responsibility and risk from their Educational Talent Search participation. I further understand I will assume responsibility for any medical costs that may directly or indirectly result from my student's participation in Educational Talent Search and will indemnify and hold Mineral Area College and Educational Talent Search harmless.

In witness whereof, _____ has executed this release on this ___ day of _____, 200__.
(Print parent name)

Signed _____

Home phone _____ Work Phone _____

CONFIDENTIAL MEDICAL INFORMATION

I, _____, declare that I am the legal guardian of
(full name of parent/guardian)

_____, a minor, born ____/____/____
(full name of minor) MM/ DD/ YY

In case of emergency notify: _____
(full name) (relationship)

Home phone number: (____) _____ Work phone number: (____) _____

Second contact person: _____
(name) (relationship)

Home phone number: (____) _____ Work phone number: (____) _____

(parent/guardian's signature) Date: _____

Name of health insurance company: _____

Insured's name: _____

Group number: _____ **Identification number:** _____

Medicaid number: _____ Insurance Co. phone number: (____) _____

PERSONAL MEDICAL HISTORY

Has the student been hospitalized in the last 3 years? Yes No

If yes, explain: _____

List any allergies: _____

List any medications the student is currently taking: _____

Date of last tetanus shot: _____

Is the student now pregnant? Yes No

List any other important medical information – such as current medical conditions, limitations to activities, special diet needs, etc: _____

