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__.

Signed ______________________________________________________

Home phone_________________________________ Work Phone________________________________________

(Print parent name)

7/27/04 ETS at Mineral Area College
CONFIDENTIAL MEDICAL INFORMATION

I, ____________________________________________, declare that I am the legal guardian of
(full name of parent/guardian)
___________________________________________, a minor, born _____ / _____ / _____
(full name of minor)

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: (____)_____________
_________________________                              Date: ______________
(paren/guardian’s signature)

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: ______________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

7/27/04                      ETS at Mineral Area College