

All Medical Release Forms must be turned in on September 18th at registration in order for your child to participate!!



Medical & Liability Release Form

Students Name _____

Grade Level _____

- As a parent or legal guardian of the above high school student, I authorize my son or daughter to participate in the Nature Hill Intermediate Kids Clinic on September 18-20 at Nature Hill Intermediate School.
- I authorize a representative of the Nature Hill Intermediate School staff to locate qualified and licensed medical personnel and/or transport said student to an appropriate medical facility in the vent that it may become necessary.
- I understand I will be notified as soon as possible in the event of an emergency. I or my insurance company will assume all expenses of such treatment.
- The Oconomowoc Area School District, coaches, staff and volunteers shall not be responsible for any injury incurred as a result of my son's/daughter's participation in the event.

Signature of Parent or Guardian _____ Date _____

Phone where available on dates 09/18/18-09/20/18 _____

Address _____

Confidential Medical Information

Family Doctor _____ Phone # _____

Insurance Co. _____ Policy # _____

List pertinent medical information applicable to: allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc.

Indicate any medical or drugs to which the participant is allergic:

Indicate any medication the participant is currently taking:

List two other contacts in case of an emergency:

Name _____ Relationship _____ Phone # _____

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