

# Medical Release Form

Please complete the required student information with a parent or legal guardian. For additional guidance or information please contact your local GEAR UP Liaison.

## To Parents/ Guardians:

The law requires that your permission be obtained before medial services can be performed on your child. In the event of an emergency every effort to contact you will be made. However, in the case that immediate attention is required, we request authorization for treatment by a physician or medical professional. This form authorizes GEAR UP authorized Staff to carry out actions regarding the medical care of your daughter/son. This authorization is in effect any time your daughter/son is participating in GEAR UP sponsored activities.

## Medical History and Information

Student's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Parents Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Student's Birth Date \_\_\_\_\_ Student's Height \_\_\_\_\_ Student's Weight \_\_\_\_\_

Date of last Physical Exam \_\_\_\_\_

Does student wear: glasses? \_\_\_\_\_ contacts? \_\_\_\_\_ or both? \_\_\_\_\_

Please explain any conditions that would interfere with student's ability to do school work, sports or physical activities: \_\_\_\_\_

\_\_\_\_\_

Is student under a doctor's care or taking any prescription medicine? Explain: \_\_\_\_\_

\_\_\_\_\_

Please list any allergies: \_\_\_\_\_

\_\_\_\_\_

Other information we should know in regards to student's health: \_\_\_\_\_

\_\_\_\_\_

**For more information please contact:**

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