



# Medical/Insurance Release Form & Liability Waiver



Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Mom Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Dad Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Physician \_\_\_\_\_ Location \_\_\_\_\_

Phone Number \_\_\_\_\_ Last Tetanus Immunization date \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Allergies \_\_\_\_\_

Other medical conditions that we should be aware of

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

Medications student is using \_\_\_\_\_

Can student swim? \_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby request and authorize the Emergency Room physician and any other physician he/she may designate, and their hospital personnel to render to the above patient any medical and or surgical treatment he/she may require during my absence while participating in a Duluth High School Choral activity. I also give my permission to chaperones and/or the director to give my child Tylenol, Ibuprofen, or antacids as needed and to receive first aid. I will assume financial responsibility for any medical treatments that are deemed necessary due to an emergency.

I release Gwinnett County School employees and school system, Duluth Choral Boosters Association, and chaperones from responsibility should an accident occur during a Duluth High School Choral activity.

\_\_\_\_\_  
Parent/Guardian Signature Date