

**MCNICHOLAS HIGH SCHOOL SUMMER SCHOOL
MEDICAL RELEASE FORM**

Registration is complete when both sides of this form are completed and submitted to the business office with payment.

PARENTAL CONSENT AND RELEASE FORM – MEDICAL ATTENTION

I, the lawful parent or guardian of _____ (child), hereby grants consent for my child to participate in Summer School, which is a sanctioned curricular course of activities of McNicholas High School.

I, the lawful parent or guardian, release from all liability, and indemnity and hold harmless the officers, agents, representatives, volunteers, and employees ("agents") from any and all liability, actions, causes of action, claims, judgments, cost or expenses, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in or traveling to or from an event or class associated with participation in the above stated program.

I agree to instruct my child to cooperate with the McNicholas agent(s) in charge of the activity.

I appoint McNicholas High School or its agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present with respect to the following matters in any injury, illness or medical emergency occurs during the activity.

To give any and all consents and authorizations to any physician, dentist, hospital, or other persons or institutions pertaining to any emergency medication, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of my child.

I understand that the agents of McNicholas will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

I understand this authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentist, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

The powers and authority granted herein may be revoked by me by written notice delivered to McNicholas or its agent(s) who are then acting or who have previously acted hereunder. Without such written notice, this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetency. This power of attorney shall lapse automatically upon completion of the course.

I have carefully read this statement, and my signature acknowledges that I fully understand its content and meaning.

Date: _____

Signature of Parent/Guardian(s): _____, _____

Parent/Guardian(s) Contact #'s:

Home: _____, Cell(s): _____, _____

Work Father: _____, Mother: _____, Other: _____

Guardian(s): _____, _____, Other: _____

MEDICAL INFORMATION (PLEASE PRINT)

Child's Name: _____, Birth Date: _____

Allergies: _____, Medications: _____

Chronic Conditions: (e.g. epilepsy, diabetes) _____

Medical Insurance Company: _____ Policy No.: _____

Member's Name _____ Home Phone: _____ Work Phone: _____

Family Doctor: _____ Phone _____

Family Dentist: _____ Phone: _____

Preferred Hospital: _____

REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school agents to take no action or to:

Signature of Parent(s)

Date