

Veritas Summer Enrichment Release Form

June 24-29, 2019

Student name: _____ Grade (2019-2020 school year): _____

Street address: _____ City: _____ State: _____ Zip: _____

Current School: _____ Male/Female (circle one)

Father's Name: _____ Cell Phone: _____

Mother's name : _____ Cell Phone: _____

Medical Information

Physician/Pediatrician: _____ Insurance Carrier: _____

Group # _____ Policy/ID # _____

Medications child is taking: _____

Has your child have a medical condition the school should be informed of (i.e. surgeries, disabilities, asthma, or hay fever, or other serious illness)? YES/NO Please explain:

Does your child have a **serious allergy** to certain foods or to insect bites (If yes, please inform the office of emergency plan)? YES/NO please explain:

Does your child have a severe reaction to medicine, prescription drugs or antibiotics? YES/NO Please explain:

Medical Release

Hospitals may be reluctant to treat or care for children without consent from parents/guardians. This can cause delay in treatment if there is a medical emergency when parents are not available to give consent. ***In case of an emergency this form will be taken with the child to Newberg Providence Hospital.***

I, _____, the parent/guardian of _____ authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well-being, ***after the school has made every effort to contact me.*** Under these circumstances, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results and possible alternatives, and risks, complications and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non-treatment.

I release Veritas School from any liability or damages including any claim of injuries or death incurred as a result of participation in the above stated activity.

Signature of Father/Mother/Guardian _____ Date: _____