



Motivating Our Students Through Experience

Medical Release

Name of Student (please print): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

1st Emergency Contact Phone Number: _____

2nd Emergency Contact Phone Number: _____

Please list any medical conditions, restrictions, allergies, and medications:

Primary Medical Insurance (Carrier & Policy Number):

Please print name of parents/legal guardians: _____

Age of Student: ____ Date of Birth: _____ Academic Grade: _____

I understand that the student named above will be participating in the MOSTe program and its activities, including but not limited to regional and long-distance college tours, workshops and retreats, mentor outings, service volunteering projects, and other outings, from September 23, 2017 until July 30th, 2018.

First Aid and Emergency Medical Treatment:

I recognize that there may be occasions where the child named above may be in need of first aid or emergency treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of MOSTe to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agents' opinion such need arises. In doing so, I agree to pay all fees and cost arising from this action to obtain medical treatment. I also agree to pay for all fees that may occur due to injury or sickness following the activity/event.

Signatures of Parents or Legal Guardians:

Date:

Print Name of Parents or Legal Guardians:

Date:
