

Parent/Guardian Release Form

Return to Jennifer Duncan at turlingj@southwestern.edu

STUDENT INFORMATION

Student's Name: _____

Date of Birth: _____

Is the student covered by insurance? YES or NO

Insurance Company: _____

Policy/Certificate Number: _____

Name of Policy Holder: _____

Social Security # of Policy Holder: _____

Please list any allergies that your son/daughter has:

Please list medications that your son/daughter is allergic to:

Please list any medical conditions that your son/daughter has:

Please list current medications that your son/daughter takes:

EMERGENCY CONTACT INFORMATION

PLEASE PRINT

Parent/Guardian: _____

Home _____ Number: _____

Cell _____ Phone _____ Number: _____

_____ Work _____ Number: _____

Employer: _____

WAIVER OF PHYSICAL EXAMINATION STATEMENT

This certifies that I/we the undersigned parent/guardian(s) do waive requirements for a physical examination of our son/daughter for this Southwestern University program. We understand our responsibility to fully inform Southwestern University of any precautions and have attached medical records for use and reference by local physicians or medical personnel, should the necessity arise.

Your Family Doctor: _____

Doctor's Office Phone Number: _____

ASSUMPTION OF RISK: I understand and acknowledge that there are potential dangers incidental to my participation in the visitation program, including risks of damage, bodily injury and possibly death.

WAIVER OF CLAIM: This will further certify that we the undersigned parent/guardian(s), in consideration for the benefits to be derived by our son/daughter, do certify that he/she may participate in any normal and routine recreational or exercise programs of Southwestern University and **hereby release, waive, discharge, and covenant not to sue** Southwestern University, its officers, agents, instructors and employees from any and all illness, injury, or accident incurred or suffered by said son/daughter while traveling to, attendance at, participation in, or travel back from the Southwestern University Program- from the time of his/her departure from home until his/her return hereto.

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless the Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, damage or death that I may suffer as a result of my participation in this visitation program.

PARENTAL MEDICAL RELEASE: PLEASE READ MEDICAL AND HOSPITAL SERVICES CONSENT

This is to certify that I/we, the undersigned parent/guardian(s) of _____, do hereby grant permission should the necessity arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified physician, and including the administration of anesthetic, laboratory physician, medical or surgical treatment, x-ray examination, or other hospital services. Consent is hereby granted to the attending physician(s), hospital(s) and/or clinic(s) to release necessary medical information to our local doctors and for use in claims for insurance coverage.

AUTHORIZING SIGNATURES

Signature of parent/guardian(s) with whom the student lives is required. This authorization acknowledges understanding of and agreement to the stipulations of the student's participation in the program as stated in this release. The family has full responsibility to inform SU of any medical precautions, conditions and medical emergency information.

I/we certify that the information contained in this release is true and correct.

PARENT/GUARDIAN SIGNATURE: DATE: _____

STUDENT SIGNATURE: DATE: _____
