

**RELEASE FORMS**



**MEDICAL INFORMATION**

Student's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

DOB: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Allergies or other medical conditions

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

I authorize the LEAP Co-Op staff to call appropriate medical authorities or the above-named emergency contacts in the event of a medical emergency.

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

**CONSENT / LIABILITY RELEASE**

This consent form gives permission to seek whatever medical attention is deemed necessary for \_\_\_\_\_, and releases the teachers and staff of any liability against personal losses of named student.

I the undersigned have legal custody of the child named above, a minor, and have given my consent for him/her to attend classes and events being organized by the Co-Op. I hereby release the Co-Op, church, staff, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Co-Op, I also agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided is accurate and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should they become ill or deemed necessary by the Co-Op.

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