

INSTITUTE FOR CULTURAL COMMUNICATORS
“shaping culture through authentic communication”

Medical Information and Release Form

Student Name: _____

Age: _____ Birth date: _____

Parents' Names: _____

Emergency Contact: _____

Medical Insurance:

Bring your medical insurance card or a copy (both sides) with you.

Company: _____

Group number: _____

List any additional information that would be helpful should we need to seek medical assistance:

Medical Information:

List any medications you are taking at this time: _____

List any allergies to food, medication, environment, insects, etc.: _____

Describe your reaction: _____

What protocol is to be followed if you come in contact with an allergen? _____

Other health considerations: please list and describe any health issues requiring special consideration (e.g., back problems which prohibit you from lifting or carrying, headaches or migraines, nervous stomach, etc.)

How do you manage the above listed conditions? _____

Release Form

_____ has/have my permission to sign for/administer any
(Chaperone) medical treatment they deem necessary for my child,
_____, while in their care between _____ 2011
and _____ 2011.

Parent Signature

Date