

Medical History/ Medical Release Form

TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

(For your child's safety and welfare, please complete all sections)

Student Name:	Date of Birth:
---------------	----------------

School:	Grade:
---------	--------

Parent/Guardian Name:	Home Phone:
-----------------------	-------------

Address:	Message Phone:
----------	----------------

Parent/Guardian Cell:	Email:
-----------------------	--------

Physician:	Physician Phone:
------------	------------------

Yes No Is your child currently under a physician's care or using medication?

Please explain:

Yes No Are there any limits on your child's physical activities?

Please explain:

Yes No Does your child have allergies (medications, insects, food, etc.)?

Please explain:



Yes No Does your child have any medical problems we should be aware of, or has your child been seriously ill in the last 3 years?

Please explain:

Yes No Is your child covered by medical insurance?

Company:

Policy Number:

MEDICAL RELEASE TO BE SIGNED BY PARENT/GUARDIAN

In case of emergency and we cannot contact you, whom should we call?

Name:	Relationship:
-------	---------------

Phone:	Cell Phone:
--------	-------------

Should my child, _____, require medical attention and/or care while participating in the UC Clermont College Educational Talent Search program, I give my consent to medical examinations and necessary emergency treatment including drugs and x-rays, as may be deemed by the attending emergency room physician. Should an emergency arise requiring major surgical procedures and I cannot be contacted, the attending physician has my consent to act as emergency medical judgement may dictate. I understand that I, my heirs, executors, and administration forever release the staff of the Educational Talent Search program and the University of Cincinnati from all claims, damages, actions or cause of actions which may occur due to any decisions which they make in respect to the emergency medical care/treatment of my child. I also understand that any actions of the UC Clermont College Educational Talent Search program staff will be guided by the best interest of my child.

Signature of Parent/Guardian:	Date:
-------------------------------	-------