

Medical Release

I hereby give permission for:

_____ Student
to participate in _____
_____ Event
on _____
_____ Date

I understand that by signing this form, I am allowing the above named person to participate in the said activity.

I hereby give permission for the leaders, employees, volunteers or agents of St. Helena's Episcopal Church 108 Rock St. Boerne, TX to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if necessary. In doing so,

I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and I agree to pay for the medical treatment.

I agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, Lisa and Charles Kelley, Carol Nagle or agents from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Signature of Parent or Legal Guardian:

Date: _____

Phone #: _____

Any Allergies: _____

Any Medication Being Taken:

Health Insurance Company:

Policy Number: _____ Phone Number: _____

Doctor: _____ Phone Number: _____

Other Comments: