

# OPPORTUNITIES IN EMERGENCY CARE

## Medical Liability Release Form

**Directions:** Due to legal restrictions, it is necessary that all students, parents/guardians, graduates, and staff complete this form as a pre-requisite for eligibility to participate in an OEC sponsored activity.

**Please type or print.**

Activity: Spring Workshop Date: May 7-11, 2009

Location: Lake Wapogasset Amery, W

Name: Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please completely describe any medical condition(s) which may recur or be a factor in medical treatment.

a: Allergies \_\_\_\_\_ e: Physical disability \_\_\_\_\_

b: Convulsions \_\_\_\_\_ f: Medicine reactions \_\_\_\_\_

c: Blackouts \_\_\_\_\_ g: Disease of any kind \_\_\_\_\_

d: Heart/lung problems \_\_\_\_\_ h: Other (be specific) \_\_\_\_\_

If currently taking Medication, please provide the following information:

Name of Medication(s): \_\_\_\_\_

**Liability Release:** I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage and medical expenses incurred on this trip. I hereby release Independent School District 16, any other participating school districts, Opportunities in Emergency Care Program (OEC), and any designated individual in charge of the OEC sponsored activity from any legal or financial responsibility with respect to my personal or my child's participation in (or contact with) any known element associated with an activity including competitive events.

In the unlikely event that \_\_\_\_\_ is injured or ill, I give Bill Neiss or a member of the OEC staff permission to seek treatment and medical care at the nearest medical facility. I understand that I will be notified as soon as possible in the event of any illness or injury.

Parent's signature (if participant is under 21): \_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_