

Children's Health Information & Medical Release:

Parent name: _____ Phone: _____

Insurance carrier: _____ Policy#: _____

In case of emergency: _____ Phone: _____

Student:	On medicine	Allergies	Asthma	Diabetes	Seizures/ Epilepsy	Frequent bellyache	Heart	Insect stings	Physical handicap	Activity Restriction	Other
1.											
2.											
3.											
4.											
5.											
6.											
7.											

Additional information:

Medical Release: Every activity sponsored by Eagle Home School, Inc. is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parents/guardian agrees to accept all risks and hazards inherent in Eagle social activities and understands they are **hereby giving permission for emergency treatment by the Physician selected by Eagle Home School, Inc. leadership for the minors listed on the form if parents/guardian cannot be reached.**

Signature

Date