

# 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:

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 **herby 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