Acknowledgement of Liability/Medical Release Form

This form is valid through September of 2012

The signer of this form acknowledges that the teachers at Basic Skills are only responsible for each student **during the attendance of his/her scheduled class(es).** At all other times, the responsibility for the student resides with the parent/guardian.

In case of a medical emergency, I hereby give consent for my child's teacher or any Basic Skills' personnel to treat or seek medical or dental treatment for the student(s) named below.

_____ _____ _____

Signature of Parent/Guardian *Date* *Home Phone*

_____ _____ _____

Work Phone *Cell Phone* *Alternate Phone Number*

_____ _____

Name of Student *Date of Birth*

_____ _____

Name of Student *Date of Birth*

_____ _____

Name of Student *Date of Birth*

Primary Care Physician _____ _____

Phone number

Insurance Company _____ _____

Phone number

_____

Address

Group Number _____ ID Number _____

Persons to be notified in the event of an emergency in case the parent/guardian is unavailable:

_____

Name *Daytime Phone Number*

_____

Name *Daytime Phone Number*

_____

Name *Daytime Phone Number*

Please list all allergies, health conditions, or current medications your child(ren) has:

_____

_____

_____

_____

_____

_____

_____