

Acknowledgement of Liability/Medical Release Form

This form is valid through August of 2019

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.

*I acknowledge 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.*

Signature of Parent/Guardian

Date

Home Phone

Work Phone

Cell Phone

Alternate Phone Number

Email Address

Name of Student

Date of Birth

Grade

Name of Student

Date of Birth

Grade

Name of Student

Date of Birth

Grade

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

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

Name _____

Name _____

Name _____