

Medical Release Consent Form for Student Events

This form must be completed and signed by a parent or legal guardian for participation in student events.

Student Information

Full Name

Date of Birth

School Name

Grade

Parent/Guardian Information

Full Name

Phone Number

Email Address

Emergency Contact

Full Name

Phone Number

Relationship to Student

Medical Information

Medical Conditions or Allergies

Medications (if any)

Consent and Release

I authorize event staff to seek medical treatment for my child if necessary. I release the organizers from any liability in case of accident or injury. I understand that an attempt will be made to contact me prior to treatment, and I will be responsible for all medical expenses.

Parent/Guardian Signature

Date