SAINT STEPHEN'S EPISCOPAL SCHOOL
SUMMER 2012 ACTIVITY PROGRAMS
RELEASE FOR MEDICAL TREATMENT

Registration cannot be processed until this form is completed, signed and submitted

It is necessary that camp and activity program employees and, if necessary, medical personnel have the parents'/guardians' permission to administer treatment in the event of an accident or sudden illness.

STUDENT'S NAME:_____ DATE:_____
Last First Middle

HOME ADDRESS:_____

CITY:_____ STATE:_____ ZIP CODE:_____

STUDENT'S AGE:_____ DATE OF BIRTH:_____ RISING GRADE:_____

Date of last Tetanus Immunization:_____

Allergies to any medicines?: If yes, please list:_____

_____

List any conditions that physicians should be aware of:_____

_____

PARENT'S/GUARDIAN'S NAME:_____

HOME PHONE:_____ WORK PHONE:_____ CELL PHONE:_____

E-MAIL:_____

EMERGENCY CONTACT (other than parent):_____

HOME PHONE:_____ WORK PHONE:_____ CELL PHONE:_____

I hereby authorize any medical treatment that may be advised or recommended by the attending physician

of:_____
(Student Name)

RELEASE OF WAIVER OF LIABILITY (Please read carefully before signing)
The undersigned hereby acknowledges that participation in this activity and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all risk and does hereby release and forever discharge Saint Stephen's Episcopal School and all employees/volunteers/agents thereof from any and all liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this activity at Saint Stephen's Episcopal School, including any failure of equipment or defect in the premises.

I hereby state that I am the legal guardian of said child.

SIGNATURE OF PARTICIPANT:_____ DATE:_____

SIGNATURE OF PARENT / GUARDIAN:_____ DATE:_____

Reminder!

SAINT STEPHEN'S MUST HAVE THIS COMPLETED FORM ON FILE BEFORE STUDENT MAY PARTICIPATE IN THIS ACTIVITY