Partners in **A**cademic **T**raining of **H**omeschoolers

PATH Medical Release

- Section A needed one per family.
- Section B must be filled out separately for each student.

Section A - PLEASE PRINT

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Parent's Name(s) _____

Mailing Address _____

_____

City State Zip

Home Phone _____

Mother Cell Phone _____

Father Cell Phone _____

I give permission for my above-named child(ren) to attend PATH (Partners in Academic Training of Homeschoolers) at Faith Church for the _____school year. I release PATH, its staff and sponsors, and Faith Church from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I authorize the leadership of PATH to act as an agent for me, if they are unable to reach me, to consent to any emergency medical treatment necessary either at a doctor's office or hospital. I expect to be contacted as soon as possible in case of emergency.

Parent signature _____ Date_____

Partners in **A**cademic **T**raining of **H**omeschoolers

PATH Medical Release

Section B – PLEASE PRINT (must be filled out separately for each student)

Student's Name _____

Medical Information

Medical Insurance Company _____

Insurance's Telephone Number _____

Policy# _____

Member's Name _____

Family Doctor Name _____

Doctor's Phone Number _____

Emergency Phone Numbers:

Name Relationship to Student Phone #

_____

_____

Signature of Parent or Legal Guardian: _____

Student's Medical Information:

Please list any food or drug allergies and any medication your student is currently taking. This information will be kept confidential and would only be used in case of an emergency.

Food Allergies _____

Drug Allergies _____

Medications _____

Please indicate any other medical conditions or special needs below:

_____

_____

*Please inform us if any of this information changes throughout the year. (i.e. change in medication, allergies, or insurance)