

**Allen D. Nease High School**  
**MEDICAL AND LIABILITY RELEASE FORM**

NOTE: This form is due BEFORE participating in any activities.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

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Medical History:

Allergies (Include food and environmental) \_\_\_\_\_

Asthma \_\_\_\_\_ Current Medications \_\_\_\_\_

Convulsions \_\_\_\_\_ Epilepsy/Fainting Spells \_\_\_\_\_

Contact Lenses \_\_\_\_\_ Migraines \_\_\_\_\_ High Blood Pressure \_\_\_\_\_

Medical Conditions Currently under Treatment \_\_\_\_\_

Permission to give Ibuprofen (Advil or Motrin) or Acetaminophen (Tylenol) \_\_\_\_\_

Other \_\_\_\_\_

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I hereby grant permission to licensed hospital and/or health center staff members to administer immediate medical treatment as deemed necessary to my child should he/she be injured during any and all functions. Further, I understand that I am responsible for payment of expenses incurred relating to my child's medical treatment.

I acknowledge and understand the risks involved in these events and grant permission for my child to attend and assume those risks. I further agree to release the St. John's County School Board, its officers, agents, and employees, exercising reasonable care within their scope of employment from liability growing out of personal injuries and property damage resulting or occurring during the aforementioned activity, or in transit to and/or from the activity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_