

Georgia Highlands College Youth Program

MEDICAL AUTHORIZATION & LIABILITY FORM

Program Name _____

I. Basic Personal Information (please print)

Child's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Work Phone Number: _____

Home Phone Number: _____

II. Emergency Contact Information

Person to notify in case of emergency: _____ Relationship: _____

Phone Number(s): (_____) _____, (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Family Physician: _____ Phone Number: (_____) _____

Insurance Provider: _____ Phone Number: (_____) _____

Policy Number: _____

(Note: Georgia Highlands College does not offer any form of health, liability, or other types of insurance for participants. Please attach a copy of the front and back of your insurance card with this form.)

III. Medical Information

Please list any current medical concerns or medical history we need to know about your child:
(Ex. past injuries, current conditions, physical limitations, etc.)

List any allergies your child has (Ex. medications, stings, food, iodine, latex, animals, etc.)

List any medications your child is currently taking, their purpose, dosage, and times to be taken:

Does your child need any accommodations to safely participate in the program/activity? If yes, please explain or contact _____.

Does your child require any assistance with his or her medications? If so, please explain:

IV. Authorization for Medical Care

In consideration of the activities, GHC Youth Program, and its agents (“Program Leaders”), granting my child the privilege of attending, I agree to waive and hereby release any rights which I/my child may now or hereafter have against GHC Youth Program and its agents, or assign for any injury or accident which my child may suffer as a result of attending or participating in the activity referred to above. I do hereby waive, release, and agree to hold harmless GHC Youth Program and its agents (“Program Leaders”), or assign from any claim, action, and cause of action on account, arising out of, or in connection with me /my child’s participation.

I understand that Georgia Highlands College does NOT provide medical insurance for my child. In the case of accident or illness, I hereby authorize the staff (“Program Leaders”) to administer or seek medical treatment for my child. I acknowledge that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my child’s participation in a voluntary program.

Name of Participant: _____ Date: ___/___/___

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____

Work Phone: _____ Cell Phone: _____