

Parent/Guardian Consent and Student Medical Release Form

Student's Name

Date of Birth

Gender

Address

City

State

Zip

Emergency Information

Father's Name

Home Phone

Work Phone

Mobile Phone

Mother's Name

Home Phone

Work Phone

Mobile Phone

In an emergency, when parents cannot be reached, please contact:

Name/Relation

Home Phone

Work Phone

Mobile Phone

Name/Relation

Home Phone

Work Phone

Mobile Phone

Allergies

Other Medical Conditions

Student's Physician

Office Phone

Medical and/or Hospital Insurance Company

Phone

Policy Holder

Policy Number

Group Number

Please copy both sides of your Health Insurance Card and attach it to this Parent/Guardian Consent and Student Medical Release Form

Recognizing the possibility of injury or illness, and in consideration for IO:IO Academy accepting my son/daughter as part of the co-op programs, classes and activities of IO:IO and its members, I consent to my son/daughter participating in IO:IO Academy. Further, I hereby release, discharge, and otherwise indemnify IO:IO Academy, its member organizations and sponsors, their employees, contractors, associated personnel, and volunteers, including the pastor of the church and facilities utilized for the Programs, against any claim by, or on behalf of my student, son/daughter as a result of my son's/daughter's participation in IO:IO Academy.

I give my consent to have leadership at IO:IO/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Parent/Guardian Signature

Date