



AFTER CARE MEDICAL RELEASE FORM

To Whom It May Concern:

My child is in good health and will participate in outside activities with the After Care Program.

Student: _____ **Grade:** _____

Address: _____ **Date:** _____

Parent Signature: _____

I hereby release teachers, the principal, and all school staff from any and all liability for any injury occurring while my child is participating in the After Care Program and waive any claims.

In case of emergency, I give my permission for my son/daughter to receive any medical care or attention deemed necessary by a licensed physician. Except in extreme emergency, no medical procedures will be approved by the teachers or staff without contacting a parent or guardian.

Parent or Guardian Signature

Date

Medical Insurance Carrier and ID No:
