

MEDICAL HISTORY PERMISSION AND RELEASE FORM

Student Name: _____ Age: _____

Full Address: _____

In case of an emergency, notify: _____ Phone: _____

Family Physician: _____ Phone: _____

Family Insurance Co.: _____ Policy #: _____

Insurance Co. Address: _____

IMMUNIZATIONS: _____

Other: _____

PAST MEDICAL HISTORY

Asthma Sinusitis Bronchitis Kidney Heart Diabetes
 Dizziness Stomach Upset Hay Fever Other: _____

ALLERGIES: Food _____ Insect bites/stings _____

Penicillin or other drug (name) _____

Poison Sumac, Oak or Ivy _____

Other _____

Previous operations or serious illnesses: _____

Any current medications: _____

Childhood Diseases: Chicken Pox Measles Mumps Whooping Cough

Any medical needs which your child has, of which adult supervisors should be aware:

PERMISSION FOR TREATMENT

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student.

I agree to release, indemnify, and hold harmless or reimburse the Cobb County School District (District), its Board of Education, and its members, employees, agents, representatives, successors or assignees, as well as its approved adult trip supervisors ("District Indemnitees") from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, the student or any other successor or assignee may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the student's participation in the field trips, including but not limited any losses, damages or injuries or to the rendering of emergency medical procedures or treatment.

DATED _____

Signature of Parent/Guardian

NOTARY _____

