

# Medical Release and Permission

Wyoming Seminary  
201 N. Sprague Avenue  
Kingston, Pa 18704

Please read and complete entire form and return with registration forms

Student's Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Sex \_\_\_\_ Birthdate: (mm \_\_\_\_ dd \_\_\_\_ yy \_\_\_\_ ) Social Security Number \_\_\_\_\_

Student's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Country Code \_\_\_\_\_ Country \_\_\_\_\_

Student's Phone: Country code ( \_\_\_\_\_ ) City/Area Code ( \_\_\_\_\_ ) Fax # \_\_\_\_\_

Student's Mobile Phone # \_\_\_\_\_ Student's e-mail: \_\_\_\_\_

Father's Name (Dr./ Mr./ Rev.) \_\_\_\_\_ Daytime Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's Name (Dr./ Mrs./ Ms./ Rev.) \_\_\_\_\_ Daytime Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Last School Attended \_\_\_\_\_

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

Physician's Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

Please list any medication taken regularly with the prescribed dosage \_\_\_\_\_

Please list any allergies and/or health concerns \_\_\_\_\_

Allergy injections \_\_\_\_\_ \*yes \_\_\_\_\_ no \* If injections are to be given at the school health service we must receive a doctor's authorization and schedule.

Is student covered by Health Insurance? \_\_\_\_\_ yes \_\_\_\_\_ no

Please copy front and back of insurance card(s) & attach to this form.

Name of Insurance Company \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Person in whose name insurance is issued \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(date of birth) (social security number)

Employer Name \_\_\_\_\_ Employer Telephone \_\_\_\_\_

I.D. Number/ Policy number \_\_\_\_\_

**Emergency Contact Person: Name (Mr. / Mrs. / Ms. / Dr. / Rev.)** \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Daytime Telephone: Country code ( \_\_\_\_\_ ) City/Area Code ( \_\_\_\_\_ ) \_\_\_\_\_

Evening Telephone: Country Code ( \_\_\_\_\_ ) City/Area Code ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile Telephone: Country Code ( \_\_\_\_\_ ) City/Area Code ( \_\_\_\_\_ ) \_\_\_\_\_

## Parent or Guardian Permission for Medical Treatment:

In the event of a student's serious illness or accident, every reasonable attempt shall be made by Wyoming Seminary, its agents and employees, to inform you immediately. Pennsylvania law requires parental consent to medical treatment of minors. If we are unable to contact you in the event that the minor child/ward requires immediate medical treatment, including x-rays, examinations, anesthesia, laboratory procedures, diagnostic tests, and related medical or surgical services, which are deemed necessary or advisable by any attending physician or surgeon for the relief of the minor child/ward, you, as the parent(s) or guardian(s) agree to allow Wyoming Seminary, its agents and employees, to give our consent and to share medical information with, upon your behalf and upon behalf of the minor child/ward to the attending physician or surgeon or to any hospital in which the minor child/ward is admitted to perform any recommended medical or surgical process or treatment after we, our agents and employees, have been informed specifically of the nature and risks and possible consequences of such operation(s), treatment(s), and procedure(s) and of alternative methods of treating the specific medical condition. Upon this understanding, whatever decision is made by us, our agents and employees, regarding such medical treatment, is affirmed by and consented to by you, and you specifically release Wyoming Seminary from any liability for any claim(s) of damages arising there from at any time from the exercise by Wyoming Seminary of its independent and informed judgment.

\_\_\_\_\_  
Signature of Parent/Guardian of Student

\_\_\_\_\_  
Signature of Parent/Guardian of Student

\_\_\_\_\_  
Date