2020 Prudential Spirit of Community Awards
Release and Waiver and
Medical Authorization and Consent to Medical Treatment Form

STATE _____

☐ HS

☐ ML

Part 1: Student Information – To be completed by parent/guardian. Please print or type.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent 1/Guardian: _____ Parent 2/Guardian: _____

Daytime Phone: _____ Daytime Phone: _____

Evening Phone: _____ Evening Phone: _____

Cell Phone: _____ Cell Phone: _____

Part 2: Emergency Contact Information – Please list one person, other than parent/guardian listed above, who we may contact in case of an emergency if parents/guardians cannot be reached. This contact must be in the U.S.

Name to student: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____

Part 3: Insurance Information – If you do not have insurance, write "none." Local providers may require that you pay them directly at the time of service and then file for reimbursement with your insurance company.

Medical insurance provider: _____

Policy/Group number: _____

Address of insurance provider:_____

Name of policy holder: _____

ID #: _____ Prescription Card #: _____

Employer of policy holder: _____

Primary Care Physician name: _____ Phone: _____

Part 4: Medical History – Please check all that apply to your child and give necessary details below:

Does your child carry an epi-pen for allergies? ☐ Yes ☐ No

Allergies to food, medications, insect stings, etc.: _____

(continue)

Part 5: Medications Information – Please check one:

☐ My child does not take regular medications at this time.

☐ My child takes regular medications (which may include prescription medicines, over-the-counter medicines, vitamins, or herbal supplements).

NOTE: If you are taking medication regularly, bring a supply in labeled containers

Medications **Dosage**

Asthma: _____ Dosage: _____

Diabetes: _____ Dosage: _____

Allergy: _____ Dosage: _____

Other: _____ Dosage: _____

Is student to be restricted from any type of activity? Yes No

If yes, please explain: _____

_____

_____

_____

Part 6: Permission to Treat – The undersigned parent/guardian(s) of _____ , authorizes NASSP to obtain medical care for him/her, in the event such care is necessary. If possible, the parent/guardian(s) will be contacted in the event of an emergency. Permission is hereby granted to the licensed physician, health care professional, or accredited hospital and associates to perform any medical and/or surgical procedures that are deemed essential to the treatment of the above named individual. We also agree to be responsible for payment of such care. I hereby release and forever discharge the National Association of Secondary School Principals ("NASSP") from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or services rendered in connection with his/her participation in the Prudential Spirit of Community Program ("Program").

Part 7: General Release and Waiver – As the parent/guardian(s) of _____, I voluntarily assume all risk of injury, loss, or harm that may be incurred or suffered by him/her, such as personal or bodily discomfort, loss, personal injury, disability, death, damage, or property damage, or any of these, which is in any way caused by or related to the Program.

I agree and acknowledge that NASSP, its successors, assigns, employees, members, agents, managers, directors, officers, and contractors, past and present shall not be liable for any claims, actions, causes of action, damages, expenses, costs or liabilities of any kind ("losses") related to or arising from his/her participation in the Program, regardless of the cause and, to the extent permitted by law, I knowingly hereby waive, release, and discharge on my behalf, his/her behalf, and on behalf of anyone else claiming by, through, or under me any claim or cause of action relating to any such losses.

I authorize NASSP to use his/her name, likeness, photograph, and biographical data in connection with NASSP's promotion of the Program.

By signing below, I acknowledge that I have read, understood, and executed this Release as of the date written below and that I have the authority to sign this release on behalf of the minor child.

_____ _____

Signature of parent/guardian Date

Please complete and return ASAP — use attached envelope!

This form must be received in our office no later than Wednesday, February 26.