



KMCC Daegon Korean School

Annual Medical release



Name of Student: _____ Date of Birth: _____

Address: _____

Home phone #: _____

Participant's Social Security Number: _____ (Required for treatment in most Hospitals)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact: _____ Phone #: _____

Relation to participant: _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier: _____

Name of Policy Holder: _____ Relation to participant: _____

Policy Number: _____ Group Number: _____

Signature of Parent / Guardian: _____ Date: _____

Father/Guardian's full name: _____	
Social Security Number : _____	Phone #: _____
Home address: _____	
Place of business/address: _____	

Phone #: _____	

Mother/Guardian's full name: _____	
Social Security Number: _____	Phone #: _____
Home address: _____	
Place of business/address: _____	

Phone #: _____	

(Both sides need to be complete and signed)

Name of Participant: _____

Medications: My child is taking the following Medication(s):

Description: _____ Dosage: _____

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(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug allergies: _____

Other allergies / reactions (food, plants, insects, etc.): _____

List any other health problems / limitations that we need to be aware of _____

Signature of Parent / Guardian: _____ Date: _____

(This Medical Release is good for the period of one year; beginning _____ and ending _____.)