



# Lasallian Youth Assembly Student Release & Emergency Medical Form

Please print:

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name of Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pre-Admission Phone Number (\_\_\_\_) \_\_\_\_\_

Name of Primary Care Physician \_\_\_\_\_

Physician's Phone Number (\_\_\_\_) \_\_\_\_\_

Health Concerns (allergies, asthma, disabilities, recent injuries/surgeries) of which the moderators and organizers should be aware. **N.B. If your student needs access to an Epi-pen, please provide 2—one for the student and one for the moderator:**

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Medications, Dosage, Frequency and Time of Day \_\_\_\_\_

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Special Dietary Needs: \_\_\_\_\_  
\_\_\_\_\_

I, the parent or legal guardian of \_\_\_\_\_, authorize the assembly organizers or moderators to obtain medical care for my child in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child needs medical attention. I grant a licensed health care provider or accredited hospital permission to perform any medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment of such care. I release all such representatives, the Brothers of the Christian Schools, Manhattan College, the program directors and staff, and the other school groups and their representatives from any damages, liability, or loss resulting from their securing, in good faith, medical care for my child.

\_\_\_\_\_  
Parent/Guardian's Signature Date

\_\_\_\_\_  
Student's Signature Date