



Mail to:
LaPREP
LSU-Shreveport
One University Place
Shreveport, LA 71115

Medical Release Form for _____ for LaPREP at LSUS
(Name of LaPREP participant)

It is very important, for your child's safety and security, that you provide us with *all* of the information requested in this document. Thank you for your time and attention to provide this information.

Names of all parents/guardians with whom the participant is living during the LaPREP weeks:

1. _____
(Name of parent/guardian) _____
(Relationship to participant)
2. _____
(Name of parent/guardian) _____
(Relationship to participant)

Home Phone _____ Email _____

Address: _____
Street City State Zip Code

1. _____
Place of employment of 1st named parent/guardian Cell phone/work phone
2. _____
Place of employment of 2nd named parent/guardian Cell phone/work phone

Please provide us with names and phone numbers of any other places where we might reach you, the parent(s) or guardian(s), in case of an emergency.

If the parent(s)/guardian(s) cannot be reached, please tell us who to contact.

- | | |
|---|---|
| 1. _____
Name | 2. _____
Name |
| _____
Relationship to LaPREP participant | _____
Relationship to LaPREP participant |
| _____
Phone number | _____
Phone number |

My child (the LaPREP participant) is allergic to:

My child (the LaPREP participant) takes the following medication(s):

He/She takes this medication for:

Please tell us any other information regarding this child's health that you think we need to know.

Participant's date of birth _____, Age _____
Day Month Year

The name of the Medical Insurance Company that covers this child's health:

Policy Number (s): _____

I attest to the accuracy of the information above, and I willingly release it to the LaPREP staff and medical personnel. In the event of accident or illness which requires medical treatment, I understand that an attempt will be made to contact me, but medical treatment will not be withheld to the detriment of my child.

In consideration of my child's participation in LaPREP, I, on behalf of myself, heirs, or legal representatives, do hereby discharge and release and forever hold harmless LSUS, LaPREP and their employees, and any facility at which events are held, from any and all claims, damages, or expenses for personal or bodily injury (including death) and property loss or damage incurred by me or my child during participation in the aforementioned activity except as resulting from gross negligence on the part of the organizations, their employees, or those responsible for facilities used.

Name of parent or guardian (please print)

Name of witness (please print)

Signature of parent or guardian

date

Signature of witness

date