

OPPORTUNITIES IN EMERGENCY HEALTH CARE
LIABILITY WAIVER

Osseo OEC 2006 - 2007

Name _____ Age _____
Address _____ SS # _____
City _____ Zip _____ DOB _____
Home Phone _____ Work Phone _____
Cell Phone or Pager _____

Alternative Phone number if parent guardian cannot be reached

Name _____

Phone # _____ Relationship to student (neighbor, friend, aunt
etc.) _____

Doctor or Clinic _____ Phone _____

Insurance Information:

Name of Company _____ Policy # _____

Place of Employment _____

Parents/Guardians _____

Medical History:

1. Any allergies? What? _____

2. Medications used: _____

3. Chronic (long-term) problems: Diabetes, Seizures, Etc. _____

4. Other physical/emotional problems that may need special attention?

5. Any other comments/instructions? _____

****All the above information will be held in the strictest confidence, and will only be seen by authorized personnel!!!!****

In the unlikely event that _____ (name of participant) is injured or ill, I give a member of the OEC staff permission to seek treatment and medical care at the nearest medical facility. I understand that I will be notified as soon as possible in the event of any injury or illness. I also agree to hold District #279 or any other participating school districts, it's personnel, staff or designated officials, harmless in the event of accident to myself or my son or daughter. I also agree to notify the appropriate personnel if there are any changes in the above information.

PARENT'S SIGNATURE _____ DATE _____
(If participant is under 21 years of age)

PARTICIPANT'S SIGNATURE _____ DATE _____