



Individual Student Medical Release Form

SIFAT does not insure visitors/participants and is not responsible for any bodily injury that may occur during time spent on SIFAT property.

Participant's name _____ Gender _____ Age: _____
Parent or legal guardian _____
Address _____

Phone number: day _____ night _____

Emergency contacts:

Name _____
Relation to participant _____
Phone number: day _____ night _____

Name _____
Relation to participant _____
Phone number: day _____ night _____

Physician _____

Phone number _____

Insurance agency and address _____

Policy Number, Policy Holder Name & DOB _____

Known allergies: _____

Medication(s): _____

Special needs: _____

Dietary needs: _____

I, _____ (parent/legal guardian), hereby acknowledge that SIFAT is not responsible for any injury my child may incur during his/her time spent at SIFAT. I further release from any liability SIFAT and its Staff and/or leadership in the event of any accident. I also give my child permission to take part in creek and lake activities, which are a part of the Learn & Serve program. I authorize _____ (group leader) to seek appropriate medical attention if needed.

(Signature of parent/legal guardian)

(Date)