



NP-AHEC Pre-Professional Retreat
**Emergency Contact/
Medical Release Form**

**Student's Full
Name:** _____

Date of Birth: _____

Medical Information

Does this student have medical or health conditions? YES NO

If yes, please describe: _____

Is this student currently taking any medications? YES NO

If yes, please describe: _____

Please list all known allergies: _____

Does the student have special food restrictions/need? YES NO

If yes, please describe: _____

Health Insurance Company: _____

Policy/Group #: _____

ID #: _____

In Case of Emergency

Parent/Guardian Name: _____

Day Phone: (_____) _____ Evening: (_____) Cell: (_____) _____

Other Contact Name: _____

Day Phone: (_____) _____ Evening: (_____) Cell: (_____) _____

Occasionally, there is a need for immediate medical attention due to a sudden illness or accident. Should you or your child need medical treatment, the hospital or clinic must have your consent.

I hereby authorize the NP- AHEC representatives to obtain any routine and/or emergency care for myself or my child as necessary throughout the duration of the camp.

Signature of student

Date _____

Signature of Parent/Guardian of student under 18

Date