

First Colony Homeschool Ensembles

Medical Release Form

Student Name	DOB	Allergies	Current Medication	Previous Injuries Serious Illnesses	Health Conditions Learning Disabilities
1					
2					
3					
4					
Address		City		Zip	
Parents/Guardians Names		Home Phone			
Father's Address if different from above		Father's Work Phone		Father's Cell Phone	
Mother's Address if different from above		Mother's Work Phone		Mother's Cell Phone	
Family Physician		Physician Phone			
Emergency Contact to be used during FCHE classes if parents are not available		Emergency Contact Phone			
Medical Treatment Authorization and Release of Liability					
<p>I hereby authorize any representative of FCHE, First Colony Homeschool Ensembles, to consent to medical treatment of my child in the event of an emergency (as determined by the representative) when I cannot be reached. I further authorize any representative of FCHE to render first aid to my child and/or transport him/her to a hospital and/or call an ambulance. This consent is valid and irrevocable for as long as my child is enrolled in FCHE. I further release FCHE representatives as a group and individually from any and all liability for injuries to my child arising out of my child's participation in FCHE activities.</p>					
Signature		Date	Print Name		