Student Medical Emergency Release Form

(One form per student)

Home Educators' Resource Center
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Bakersfield, CA 93313
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www.hercbakersfield.org

"For He gave His laws to Israel, and commanded our Fathers to teach them to their children, so that they in turn could teach their children too." Psalms78:5-6

In the rare possibility of a medical emergency during a Home Educators' Resource Center-sponsored class or activity in which parents cannot be reached, HERC will need the following information, including the signed release below which covers the enrolled student..

Student's Full Name: _____ Date of Birth: _____

Home Address: _____ City/Zip: _____

Insurance Provider: _____ Account #: _____

Insurance Contact Instructions: _____

Physician Name: _____ Phone: _____

Street Address: _____ City /Zip: _____

---------- **Fold bottom of form to here for privacy if desired** ----------

Is Student taking medication? ☐ Yes ☐ No Name of medication and dosage: _____

Date of last Tetanus shot: _____ Allergic to: _____

_____

Restricted activities/foods are: _____

_____

Local Emergency Contact #1: Name: _____ Relationship: _____

Phone Number(s): ☐ Home ☐ Work ☐ Cell ☐ Other means of contact: _____

Local Emergency Contact #2: Name: _____ Relationship: _____

Phone Number(s): ☐ Home ☐ Work ☐ Cell ☐ Other means of contact: _____

I (we), the undersigned parent, parents or legal guardian of the student above named, a minor, do hereby request that he/she be permitted to attend any field trips, excursions or classes given by Home Educators Resource Center; should the need arise, I do hereby authorize and consent to any X-ray examination, anesthetic, and medical or surgical diagnosis rendered under the general or special supervision of any member of the medical and emergency room staff licensed under the provisions of the Medicine Practice Act, dentist licensed under the provisions of the Dental Practice Act and the staff of any acute general hospital holding a current license to operate a hospital from the state of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care that the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable Home Educators' Resource Center, Calvary Chapel Westbrook, their officers, or employees for medical aid rendered and will reimburse them for the medical or other expenses incurred in the care of my student.

This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the student listed at the top of this document.

Calvary Chapel Westbrook and Home Educators' Resource Center do not pay physician fees or medical expenses of students who are injured on the campus or during Calvary Chapel Westbrook or Home Educators' Resource Center activities.

❶ Signature of Parent or Legal Guardian: _____ Date: _____

Contact Phone Numbers: ☐ Home _____ ☐ Cell _____ ☐ Work _____

☐ Other methods of reaching above person _____

❷ Signature of Parent or Legal Guardian: _____ Date: _____

Contact Phone Numbers: ☐ Home _____ ☐ Cell _____ ☐ Work _____

☐ Other methods of reaching above person _____