

# Medical Release Form

This medical form MUST be signed by a parent or guardian before your registration will be accepted. In the event of emergency illness or accident, this form authorizes the administration of medical or surgical treatment deemed necessary by a licensed M.D. for the individual named. Should religious or other considerations prevent such permission, the individual must present, in lieu of this form, a statement absolving The Westminster Schools, Jostens and The Georgia Private School Yearbook Workshop of any medical liability. Information contained herein will remain confidential. Please print.

Student Name \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_

Business / Daytime Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Please list any pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc.:

\_\_\_\_\_  
\_\_\_\_\_

Please list the date of last tetanus shot:

\_\_\_\_\_

Please include any additional information which you feel may be pertinent to the student's safety while he or she attends The Georgia Private School Yearbook Workshop (2022) on a separate piece of paper, attach it to this medical release, and check here:  *additional information included.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date