

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 (2019) on a separate piece of paper, attach it to this medical release, and check here: *additional information included.*

Signature of Parent or Guardian

Date