

## First Colony Homeschool Ensembles – Medical Release Form

Student Name	DOB	Allergies	Current Medications	Health Conditions

Address		City	Zip Code
Parent/Guardian Names		Home Phone	
Father's Address if different from above		Father's Cell Phone	Father's Work Phone
Mother's Address if different from above		Mother's Cell Phone	Mother's Work Phone
<b>*** Please circle the phone number that should be called first in an emergency. ***</b>			
Family Physician		Physician Phone	
Emergency Contact if Parents are Unavailable		Emergency Contact Phone	Relationship

### Medical Treatment Authorization and Release of Liability

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.

Signature	Date	Print Name