

First Colony Homeschool Ensembles – *Medical Release Form*

Student Name	DOB	Allergies	Current Medications/Health Conditions

Parent/Guardian Names	Home Phone	
Address	City	Zip Code
Father's Cell Phone	Mother's Cell Phone	
*** Please circle the phone number that should be called first in an emergency. ***		
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