



## Emergency Medical Release Form

I give my permission for \_\_\_\_\_, to participate in Student Leadership University (SLU). Although SLU desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks involved with participation. In consideration of my child being allowed to participate in this event, I/we agree to assume responsibility for those ordinary and reasonable risks associated with the activities. I/we agree to hold harmless SLU, its affiliated organizations, employees, agents, and representatives from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by SLU, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that SLU can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that SLU contact me. If SLU cannot reach a parent/guardian after conscientious effort. I/we give permission for staff to call paramedics or attempt to contact listed physician or dentist first. If a life-threatening emergency exists, I/we give permission for staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Student Name Printed \_\_\_\_\_ Student Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

In case of emergency, phone# where you can be reached: \_\_\_\_\_ Alternate \_\_\_\_\_

Allergies (including reactions to medications):  
\_\_\_\_\_

Are there any physical or medical conditions we should know about not already stated? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date \_\_\_\_\_  
(Does not require a notary as witness)

**THIS COMPLETED FORM MUST BE BROUGHT WITH YOU TO REGISTRATION.  
YOU WILL NOT BE ALLOWED INTO THE PROGRAM WITHOUT THIS FORM.**