

Family Last Name: _____

MEDICAL AND EMERGENCY INFORMATION

MEDICAL INFORMATION

Please list any allergies or medical conditions that your student(s) may have:

Name of Student:

Allergies/Conditions:

EMERGENCY INFORMATION

Please tell us where to reach the following people in case of an emergency:

◆ Parents: _____ Phone: _____

◆ Close Friend or
Family Member: _____ Phone: _____
Relationship to Student(s): _____

◆ Family Physician: _____ Phone: _____

MEDICAL RELEASE AND LIABILITY WAIVER

I/We, the parents/guardians of _____
("our children"), hereby give my/our approval for our children to participate in Home School University's
("HSU's") programs, inside and outside of the Community Fellowship Church premises. I/we assume all risks
and hazards incidental to such participation by my/our children.

I/We do hereby waive and relinquish any and all claims that I/we or my/our child may have against Home
School University and its board, directors, members, employees, volunteers, instructors, and assigns, as a
result of participating in any HSU programs. I/We hereby fully release and discharge HSU and its board,
directors, members, employees, volunteers, instructors, and assigns from any and all claims from injuries,
damages, or loss which I/we or my/our child may have or which may accrue to me/us or my/our child on
account of his/her participation in any of said programs.

I/We understand that my/our child may be photographed or videotaped while participating in HSU programs.
I give permission for photos and videotape of me/us or my/our child(ren) to be used to promote HSU and that
such photos and video will be the property of Home School University.

I/We, the parents/guardians of the above named children, hereby give my/our
consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be
given under whatever conditions are necessary to preserve life, limb or the well being of our children.

Name of Parent

Name of Parent

Signature

Date

Signature

Date