

# MEDICAL EMERGENCY RELEASE:

Completed in addition to the Student Health / Emergency Card, this document is designed to be forwarded to First Responders in the event of a medical emergency. It is the responsibility of all families to complete this form annually and alert the school if changes occur. **Form must be completed by a parent, legal guardian and/or the student if over the age of 18.** This document is supplemental to the School Tuition Agreement medical release.

## Student Information:

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date Of Last Tetanus Shot: \_\_\_\_\_

Student's Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Medical Conditions / Issues / Allergies / Medications:

\_\_\_\_\_  
(Attach Additional List If More Space Required)

## Insurance Company Information:

Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Subscriber Name: \_\_\_\_\_ Policy Subscriber No./SSN: \_\_\_\_\_

## In The Event No Legal Parent/Guardian Can Be Reached, Please Notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

The undersigned **parents and/or legal guardians** of the above named student and/or for **myself as an adult student of at least eighteen years of age** and for all agents thereof do hereby consent to any and all medical and surgical treatments including transport, anesthesia and operations deemed advisable by a qualified physician selected by agents or officials of Nobel Learning Communities, Inc. d/b/a Paladin Academy ("school") and consent is reaffirmed through signature of the School Tuition Agreement. The intention hereof is to grant authority to administer and to perform all and singularly any examination, treatments, anesthetics, operations, relocation and diagnostic procedures that may now or during the course of the patient's care, be deemed advisable or necessary by any qualified physician possibly at my own expense. I hereby release and hold harmless the school, agents and employees from any and all liability, liens, claims, demands, actions or cases of action, whatsoever arising from such treatments. No action will be taken until an attempt is made to contact me at the phone number(s) listed below unless such a delay is deemed by agents of the school to endanger the safety of the above named student.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relation

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

