

**LIABILITY WAIVER AND AUTHORIZATION FOR MEDICAL TREATMENT  
RIVERRANCH July 11th - 15th 2011**

*Please print all information except signatures.*

**Student Information:**

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Full Address \_\_\_\_\_

**Parent/Guardian Information:**

Mother's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**If parents or guardian cannot be reached, other person to notify in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Medical Insurance Information:**

Medical Plan/Insurance Company \_\_\_\_\_  
Policy Card Information \_\_\_\_\_  
Other Pertinent Information \_\_\_\_\_  
Special Medical Conditions/Allergies \_\_\_\_\_

**Release Statement:**

In the event medical treatment is required, I understand every effort will be made to contact me (us) or the alternate listed above by telephone. I (we) hereby give permission to a physician to hospitalize, secure proper treatment for, and to inject, administer anesthesia or perform surgery for the student listed on this form. This medical treatment authorization is good for RiverRanch (July 11th - 15th, 2011).

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Have the Following completed by a Public Notary.**

<p><b>Notary Public Information</b> Name _____ State of _____ County of _____ Sworn and subscribed before me this _____ day of _____, 2011  Notary Signature _____</p>
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