



Mail to:  
LaPREP  
LSU-Shreveport  
One University Place  
Shreveport, LA 71115

## Medical Release Form for \_\_\_\_\_ for LaPREP at LSUS

(Name of LaPREP participant)

It is very important, for your child's safety and security, that you provide us with *all* of the information requested in this document. Thank you for your time and attention to provide this information.

Names of all parents/guardians with whom the participant is living during the LaPREP weeks:

1. \_\_\_\_\_  
(Name of parent/guardian) \_\_\_\_\_ (Relationship to participant)
2. \_\_\_\_\_  
(Name of parent/guardian) \_\_\_\_\_ (Relationship to participant)

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. \_\_\_\_\_  
Place of employment of 1<sup>st</sup> named parent/guardian \_\_\_\_\_ Cell phone/work phone \_\_\_\_\_
2. \_\_\_\_\_  
Place of employment of 2<sup>nd</sup> named parent/guardian \_\_\_\_\_ Cell phone/work phone \_\_\_\_\_

If the parent(s)/guardian(s) cannot be reached, please tell us who to contact.

1. \_\_\_\_\_  
Name \_\_\_\_\_  
Relationship to LaPREP participant \_\_\_\_\_  
Phone number \_\_\_\_\_
2. \_\_\_\_\_  
Name \_\_\_\_\_  
Relationship to LaPREP participant \_\_\_\_\_  
Phone number \_\_\_\_\_

My child (the LaPREP participant) is allergic to:

\_\_\_\_\_

My child (the LaPREP participant) takes the following medication(s):

\_\_\_\_\_

He/She takes this medication for:

\_\_\_\_\_

Please tell us any other information regarding this child's health that you think we need to know.

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Participant's date of birth \_\_\_\_\_, Age \_\_\_\_\_  
Day                    Month                    Year

The name of the Medical Insurance Company that covers this child's health:

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Policy Number (s): \_\_\_\_\_

I attest to the accuracy of the information above, and I willingly release it to the LaPREP staff and medical personnel. In the event of accident or illness which requires medical treatment, I understand that an attempt will be made to contact me, but medical treatment will not be withheld to the detriment of my child.

In consideration of my child's participation in LaPREP, I, on behalf of myself, heirs, or legal representatives, do hereby discharge and release and forever hold harmless LSUS, LaPREP and their employees, and any facility at which events are held, from any and all claims, damages, or expenses for personal or bodily injury (including death) and property loss or damage incurred by me or my child during participation in the aforementioned activity except as resulting from gross negligence on the part of the organizations, their employees, or those responsible for facilities used.

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Name of parent or guardian (please print)

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Name of witness (please print)

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Signature of parent or guardian                    date

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Signature of witness                    date

#### **Off-Site Travel & Campus Tours – Waiver of Liability**

#### **Acknowledgment & Consent**

By participating in guided campus tours or off-site travel organized by LaPREP at LSUS, I acknowledge and agree to the following:

- 1. Voluntary Participation**
  - I understand that participation in campus tours and any off-site travel (including transportation, site visits, and related activities) is voluntary.
- 2. Assumption of Risk**
  - I recognize that these activities may involve walking, riding in vehicles, exposure to outdoor conditions, and visits to public venues.
  - I voluntarily assume all risks associated with participation, including but not limited to accidents, injuries, illness, or property damage.
- 3. Transportation & Off-Site Travel**
  - I understand that transportation for off-site activities may be provided by university vehicles, charter buses, or third-party providers.
  - I accept the risks associated with travel and release LSUS/LaPREP from liability related to transportation incidents, except where caused by gross negligence.
- 4. Accessibility & Special Needs**
  - I acknowledge that it is my responsibility to communicate any accessibility needs or mobility limitations in advance.

#### **Checkbox Required:**

I have read and agree to the Off-Site Travel & Campus Tours as part of the Waiver of Liability.