

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

Medical Release Form for LaPREP at LSUS

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)	
		<u> </u>		
	(Name of parent/guardian)		(Relationship to participant)	
Home Phone		Email		
ddres	s:			
	Street	City	State	Zip Code
Place of employment of 1 st named parent		arent/guardian	Work/cell/pager phone number	
	Place of employment of 2 nd named p	Work/cell/pager phone number		
the p	arent(s)/guardian(s) cannot be reach	ed, please tell us	who to contact.	
		2.		
	Name		Name	
	Relationship to LaPREP participar		Relationship to LaPREP partic	ipant
	Phone number/Pager number		Phone number/Pager numb	ber

My child (the LaPREP participant) is allergic to:		
My child (the LaPREP participant) takes the followin	ng medication(s):	
He/She takes this medication for:		
Please tell us any other information regarding this		
Participant's date of birth Day Month		
The name of the Medical Insurance Company that	covers this child's health:	
Policy Number (s):		
I attest to the accuracy of the information above, a personnel. In the event of accident or illness which will be made to contact me, but medical treatment	requires medical treatment, I u	nderstand that an attempt
In consideration of my child's participation in LaPRI do hereby discharge and release and forever hold h facility at which events are held, from any and all c (including death) and property loss or damage incu aforementioned activity except as resulting from gr employees, or those responsible for facilities used.	narmless LSUS, LaPREP and their laims, damages, or expenses for irred by me or my child during p ross negligence on the part of th	employees, and any personal or bodily injury articipation in the
Name of parent or guardian (please print)	Name of witness (please print)	
Signature of parent or guardian date	Signature of witness	date