

Student Medical Information and Release

In the event of emergency illness or accident, this form authorizes the administration of medical or surgical treatment deemed necessary by a licensed M.D. or the individual named below. Should religious or other considerations prevent such permission, the individual must present, in lieu of this form, a statement absolving Camp Berachah and/or Jostens Yearbook University of any medical liability. Information contained herein will remain confidential.

Student Last Name		Student First Name	
Parent/Guardian Last Name		Parent/Guardian First Name	
Street Address			
City		State	Zip
Home Phone		Business/daytime phone	
Please list any pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc.:			
List regular medication that the student is taking at this time:			
Date of last tetanus shot received:			
Please include any additional information that you feel may be pertinent to the student's safety and well-being while he or she is attending Jostens Yearbook University on a separate piece of paper and attach it to this medical release.			
Signature of Parent/Guardian		Date	

Must be signed 