

<b>HONORS SYMPOSIUM</b>				
<b>Medical Release Form</b>				
<b>Name</b>	Last:	First:	MI:	<input type="checkbox"/> M <input type="checkbox"/> F <b>DOB:</b>
<b>STUDENT'S GENERAL INFORMATION</b>				
Home Phone:		Email Address:		
Home Address:				
City:		State:	Zip:	
<b>EMERGENCY CONTACT INFORMATION</b>				
<b>Mother's Info (or guardian)</b>	Name:	Daytime Ph:	Evening Ph:	
	Address:			
<b>Father's Info (or guardian)</b>	Name:	Daytime Ph:	Evening Ph:	
	Address:			
<b>Emergency Contact</b> <small>(if above are unreachable)</small>	Name:	Daytime Ph:	Evening Ph:	
	Address:		Relation:	
<b>INSURANCE INFORMATION</b>				
<b>(PLEASE PROVIDE A COPY OF YOUR MEDICAL ID CARD)</b>				
Name of Medical Insurance Company:		Policy Holder:		
Policy #:		PLEASE PROVIDE A COPY OF YOUR MEDICAL ID CARD		
<b>STUDENT'S HEALTH HISTORY</b>				
<b>(PLEASE ATTACH ANOTHER SHEET IF YOU NEED MORE SPACE)</b>				
<b>Allergies:</b>	<b>Type of Allergy</b>	<b>Date of last reaction</b>	<b>Reaction you had</b>	<b>Usual treatment for a reaction</b>
<b>List any medical/psychological/social problems</b>			<b>Date of Diagnosis/Onset</b>	
<b>Please go to the next page -----&gt;</b>				

<b>Recent Surgeries</b>		
<i>Type of Surgery</i>	<i>Hospital</i>	<i>Year</i>

<b>Recent (or significant) Hospitalizations or ER visits</b>		
<i>Reason for Hospitalization</i>	<i>Hospital</i>	<i>Year</i>

<b>List <u>all</u> meds</b>			
Name of Medication	Strength (Dosage)	Frequency Taken	Reason for taking

**Medical Release Statement**

I \_\_\_\_\_ (print name) consent to the above-named student to participate in Harding’s Honors Symposium. I further authorize the Honors Symposium personnel to sign documents permitting the performance of medical assistance as deemed necessary by legally licensed medical personnel at the time of illness or injury to the above student and will accept the financial responsibility for said medical assistance.

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Students will not be permitted to attend the Honors Symposium if both pages of this medical release form are not completed in full.**

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_