



Every Child, Every Opportunity, Every Day... Striving For Success

### MEDICAL RELEASE AND AUTHORITY

NAME OF STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

If my child, named above, is injured or becomes ill during the 20\_\_ - 20\_\_ school year beginning \_\_\_\_\_, 20\_\_ and ending \_\_\_\_\_, 20\_\_ while participating in any activities, such as training, traveling, field trips, playing, etc., I hereby authorize a representative of the Wellsboro Area School District to obtain medical treatment or care that my child may need, including surgery if surgery is a matter of life or death.

I hereby give my authority and consent to any hospital or any other such medical facility to provide medical care and treatment to my child as deemed necessary by a duly licensed physician for his health and well being. I agree to be financially responsible for all medical and hospital charges for my child's medical treatment and care that are not covered by school or private insurance. Also, I release and hold harmless the WELLSBORO AREA SCHOOL DISTRICT or its' representative or representatives from any claims, lawsuits or any other such legal proceeding for any actions that they may take in seeking such medical treatment and care for my child.

II WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Printed name of Father/Guardian

\_\_\_\_\_  
Printed name of Mother/Guardian

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

#### ACKNOWLEDGEMENT

STATE OF \_\_\_\_\_:

ss:

COUNTY OF \_\_\_\_\_:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, a Notary Public, the undersigned officer, personally appeared \_\_\_\_\_

Who is/are known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and he/she/they acknowledge that they executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_