

Confidential Health Information

Do you have any limitations involving physical activities? _____

Are there any medical situations that we should be aware of?
(I.e. Medication, Asthma, Diabetes, etc.)

If yes, please explain:

Physician's name: _____ Phone #: _____

Release of Liability

** In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated or to make whatever arrangements they may deem necessary for medical care. I agree to assume the responsibility of payment of the services.

** I release the responsibility of Metamora Township High School and any person or organization that is associated with MTHS's Operation Snowball weekend at MTHS on January 18, 19, and 20, 2019.

Parent/Guardian Signature: _____ Date: _____

Participant's Signature: _____ Date: _____