

## MEDICAL RELEASE FORM

ACE Academy Administrator:

In the event that \_\_\_\_\_ needs medical care during his/her official participation in the **Wayne State University ACE Academy**, you have my permission to arrange for medical treatment when necessary and performed by a licensed qualified physician. (Parent/guardian to be notified in case of emergency.)

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Parent/Guardian Work No. \_\_\_\_\_

Medical/Health Insurance Company \_\_\_\_\_

I.D.#, Group/Contract#, Benefit# \_\_\_\_\_

Does student have allergies to medication or other important medical factors?

\_\_\_\_\_ Yes \_\_\_\_\_ NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prescribed medication/condition or physical handicap \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person other than parent/guardian to be contacted in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date