



OHLA Hotel Summer Camp

Student Medical Release

Note: It's recommended that students travel with a health insurance card. If this is not possible, attach a copy of the insurance card of the primary insured person. If a student is uninsured and/ or insured and additional payment is needed for medical services rendered the financial obligation will fall to the parent(s) or student.

Student First Name:

Student Last Name:

Student's Physician Name:

Phone:

Who is responsible for medical payment? Name:

If Insured, Medical Insurance Company Name:

Address:

City/State/Zip Code:

Name of Insured:

Please list special health concerns or needs (allergies, disability, ect.) below

List allergies to medications:

List current medications and dosages below:

Please list and explain any activity restrictions below

I, the parent or legal guardian of _____ (my child), authorize and direct the school district chaperone to obtain medical care for my child in the event such care is reasonably necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed healthcare provider or accredited hospital permission to perform any reasonably necessary medical treatment of my child and agree to be responsible for payment of such care. I release OHLA, the host hotel property, its employees, and agents from any damages, liability, or loss resulting from the exercise of discretion in securing good faith medical care for my child.

Parent or Guardian Signature:

Date: