

NHE Medical and Liability Release

Medical Information (Print Clearly)

Student's Name	Date of Birth	Allergies/Medications

Parent's Name _____

Address _____

Home Phone _____ Cell _____ Cell _____

Pediatrician _____ Phone _____

Dentist _____ Phone _____

Emergency Contact _____ Phone _____

Insurance Co. _____ Policy/Group # _____

Insurance Phone _____

Hospital Preference _____

Medical Release and Liability Release

The undersigned hereby authorizes any adult working with NearHim Home Educators, or any individual officially appointed by someone of the above group or such substitute as any one of the above may designate to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment deemed advisable for and to be rendered under the general or special supervision of any licensed physician and/or surgeon or licensed dentist, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere for the minor(s) listed above.

Release of liability in favor of NearHim Home Educators (NHE), NearHim Home Educators Discovery Co-op, NearHim Home Educators Excel Co-op, Northland, A Church Distributed, Killarney Baptist Church, KBC, and Seminole Community Church (SCC):

Further, the undersigned agree that NHE, NHE Discovery, NHE Excel, NCD, or any individual operating on behalf of or in conjunction with NHE, NHE Discovery, NHE Excel, NCD, CEC, KBC, and SCC, or any subdivision thereof shall be held harmless from any liability for damages to person or property to the adults or minor(s) named herein arising from or as a consequence of any involvement or participation by said adult or minor in a program or activity of NHE, NHE Discovery, NHE Excel, NCD, KBC, and SCC.

Parent Signature _____ Date _____

Notary –

Sworn to and subscribed before me this _____ day of _____, 20_____