

Medical Release Form

I, _____, the parent of _____,
do hereby consent that David or Kaye McKee, or any member of the *A Spacious Place: Creativity & Spirituality Center* staff, both paid and volunteer, may secure medical aid should my student become ill or be involved in an accident while participating in *A Spacious Place: Creativity & Spirituality Center* activities. The consent granted thereby includes an authority to execute any consents or admission documents as may be required by the medical doctor or the hospital rendering medical aid. The undersigned does also agree to indemnify and hold harmless the person in charge from and against all claims, debt, liability of any nature arising out of such emergency medical aid requested on behalf of the person named above. I understand that the supervising adults will first attempt to contact my student's (mentioned above) physician, but will, if the doctor is unavailable, transport my student to the nearest emergency room.

Student's Special Medical Needs _____

Student's Allergies _____

Student's Physician _____

Phone Number _____ Address _____

Student's Dentist _____ Phone Number _____

Address _____

Student's Insurance Carrier (you may photocopy and attach your insurance card)

_____ Insurance Number _____

Signature of Parent or Guardian

Date