



**Participant Medical Release Form**

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you accept text messages? \_\_\_\_\_

Intern's Email \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_

Parent/Legal Guardian's Cell \_\_\_\_\_ Email \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of person to contact in case of an emergency \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Special Instructions or Information \_\_\_\_\_

**Medical Care Authorization**

In case of an emergency you (the host site) are authorized to take such measures and arrange for such medical and hospital treatment as you may deem advisable for my health and well-being. I release \_\_\_\_\_ (Partner Agency), its staff, funders and volunteers from any claim or liability resulting from my sickness or injury.

I attest to the fact that I am covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency. I understand that this is a medical release form. I understand that the Partner Agency is my employer of record during my internship at the host site.



**Release of all Claims**

In my consideration of my participation in activities sponsored by \_\_\_\_\_ (partner agency) I hereby release, discharge, indemnify, and agree to hold harmless \_\_\_\_\_ (partner agency) and its funders, directors, managers, employees, agents, and all volunteer personnel for any claim and/or damages resulting from any injury or damage, including reasonable attorney fees, litigation expenses, and court costs.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_