**ST. MARY'S COUNTY PUBLIC SCHOOLS**
**Department of Curriculum and Instruction**
**23160 Moakley Street, Suite 101**
**Leonardtown, Maryland 20650**
**(301) 475-5511 Extension 32106**
**Fax (301) 475-4238**

# MEDICAL RELEASE FORM
**(Please type or print clearly)**

**PROGRAM ATTENDING:** _____

My son/daughter _____ is insured by _____ insurance company, policy number _____. I give the camp program staff members or their designee the right to authorize medical attention as an emergency may require.

I release the teachers and chaperones from all liability and waive any claims against them.

_____ _____
**Parent's/Guardian's Signature** **Date**

Parent(s)/Guardian(s) Name _____

Address _____ Home Phone No. _____

Mother's Workplace _____ Mom's Work Phone _____

Mom's Cell Phone _____

Father's Workplace _____ Dad's Work Phone _____

Dad's Cell Phone _____

Family Physician _____ Physician's Phone _____

Emergency Medical Information _____

No known allergies _____ Allergic to _____

Describe typical allergic reaction _____

My child is taking medication _____ Yes _____ No Dosage _____

Name of medication _____

Person(s) with permission to transport student(s) _____

Other pertinent information and additional phone numbers where parents can be reached:

_____

_____

_____

Please send this form to Samantha Nelson at smnelson@smcps.org, FAX: 301-475-4238, or by mail at:
St. Mary's County Public Schools, 23160 Moakley Street, Suite 101, Leonardtown, Maryland 20650