

## **DHS NHS Medical Release and Acknowledgement of Responsibility**

Student Name: \_\_\_\_\_

Your child has been selected to be a part of the Dulles High School National Honor Society program and participate in a variety of NHS sponsored activities. Please complete this form to provide the NHS Sponsor with information relating to your child.

List any physical limitations (temporary) or permanent:

List any current medications (prescribed or over the counter) taken:

List any allergies including reactions to medications, food, insects, and environment:

Name of child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy \Group Number: \_\_\_\_\_

### Acknowledgement of Responsibility

My signature below indicates that I give my child permission to participate in NHS activities, to have medications administered that would normally be given at school, and that I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that Fort Bend Independent School District and its agents have immunity from any liability.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_