

MEDICAL HISTORY PERMISSION AND RELEASE FORM

Student Name:	Age:
Full Address:	
In case of an emergency, notify:	Phone:
Family Physician:	Phone:
Family Insurance Co.:	Policy #:
Insurance Co. Address:	
IMMUNIZATIONS:	
Other:	
PAST MEDICAL HISTORY	
Asthma Sinusitis Bronchitis Dizziness Stomach Upset Hay Fever	☐ Kidney☐ Heart ☐ Diabetes ☐ Other:
ALLERGIES: Food	Insect bites/stings
Penicillin or other drug (name) Poison Sumac, Oak or Ivy Other	
Previous operations or serious illnesses:	
Any current medications:	
Childhood Diseases:	

PERMISSION FOR TREATMENT

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student.

I agree to release, indemnify, and hold harmless or reimburse the Cobb County School District (District), its Board of Education, and its members, employees, agents, representatives, successors or assignees, as well as its approved adult trip supervisors ("District Indemnitees") from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, the student or any other successor or assignee may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the student's participation in the field trips, including but not limited any losses, damages or injuries or to the rendering of emergency medical procedures or treatment.