



Boskola Medical Information

Personal				
Name	Date of Birth		Age	
Home Address				
City	State	Zip	Home	Phone

Emergency Contact (1)	
Name	Relationship
Contact Phone	

Emergency Contact (2)	
Name	Relationship
Contact Phone	

Health Insurance	
Company	
Claims Address	Company Phone
Policy Holder	Policy Number
Doctor	Doctor Phone

Consent To Medical Treatment / Release Of Liability	
<p>I, the undersigned, affirm that, to the best of my knowledge, the above named student, a minor, is in good health and does not suffer from any physical, mental, or emotional problems preventing his or her participation in school activities. I recognize that, in case of medical emergency, Boskola staff may be unable to contact me for my consent for emergency medical care, and I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances.</p> <p>I hereby release Boskola, its leaders, helpers and associates, as well as its participants and agents from liabilities and damages incurred by my child while participating in all the various school activities, or from any liability which may result from medical services pursuant to this waiver.</p>	
Signature	Relationship to Student
Name (Printed)	Date

All information will be held in strictest confidence.