



Health/Medical/Publication/Participation



Name: _____

School: _____

Address: _____

City, State, Zip Code _____ Telephone (____) _____

Parent/Guardian (or spouse) _____ Telephone (____) _____

Place of Employment _____ Telephone (____) _____

If not available in an emergency, notify:

1. _____ Relationship _____ Telephone (____) _____

2. _____ Relationship _____ Telephone (____) _____

Allergies, medical conditions, etc. _____

Current medications: _____

Insurance Carrier: _____

Policy/Group#: _____

Parent/Guardian's Authorization:

I hereby give permission to the physician selected by the School Advisor/Chaperone or by the Georgia Center for Civic Engagement to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above on this form. I understand that my insurance will cover this expense, or I will assume responsibility for medical expenses resulting from illness and/or injury. I hereby release, discharge and hold harmless the Georgia Center for Civic Engagement from any and all claims, damages, liabilities, costs and expenses which I now have or may hereafter incur from any illness or injury.



By checking this box and once you submit this form (via fax, snail mail, text message, scan, email, etc.), you are contractually registered and responsible for full payment for the event. Submission of this form is your electronic agreement to the full payment due and of your attendance. Registration is your electronic agreement to the full payment of your attendance and full payment.