

INSURANCE INFORMATION

Do you have health insurance, Medicaid, or school insurance that would cover your son/daughter? Yes _____ No _____
Insurance Company: _____

Policy in name of: _____ Policy Number _____

What does the insurance cover? _____

MEDICAL RELEASE

I, (We) _____, Parent/Legal Guardian of
(Student's Name) _____, hereby give consent to
the Summer Program at WNCC to seek emergency services for my son/daughter by an attending physician, dentist or optometrist.

In the event of injury or illness to my son/daughter, I hereby grant authority to a qualified physician, dentist or optometrist to render such medical treatment as deemed necessary. I also give permission to transport my son/daughter to and from locations where health services are provided.

These services may include but are not limited to the following:

1. Physical examinations including routine laboratory and x-ray procedures.
2. Dental examinations, routine dental care, and necessary emergency dental care.
3. Emergency medical care for accidents or illness and any other medical services deemed necessary.
4. Eye examinations as deemed necessary.

CERTIFICATION

I certify that the information provided to all questions is accurate and complete, providing background information as a basis for providing medical treatment.

This Medical and Liability Release shall be binding on the undersigned, any and all heirs, and personal representatives. The undersigned as the parent/guardian of the above designated Western Nebraska Community Summer Camp participant, hereby executes this document and agrees to be bound by all the terms and conditions as stated above. Also, the undersigned student's signature indicates compliance with both Medical and Liability Release as stated above.

Signature of Student _____

Signature of Parent/Guardian _____

Relationship to Student _____

Home Number _____ Work Number _____

Alternate Number or Cell Number _____ (in case parent/guardian cannot be reached)

Home Address _____

Work Address _____

Date _____