



gpod 2013

LIABILITY WAIVER and MEDICAL RELEASE FORM

I, _____ being the parent or legal guardian, give permission for
Printed Name of Parent or Legal Guardian

_____ to participate in extracurricular programs sponsored through the GSSM gpod program. In addition, I release the GSSM gpod staff and its agents for injury or damages that may arise from my son or daughter participating in gpod activities.

Signature of Parent of Legal Guardian

Date

I expressly authorize GSSM gpod staff to obtain medical treatment for _____ in the event of accident or illness and allow GSSM staff to communicate with healthcare providers as deemed necessary for the treatment of my child. I authorize medical practitioners to accept the authority of GSSM staff members and provide necessary medical treatment upon their recommendation. I consent to GSSM calling me (parent/guardian) at home, work, or cell phone; leaving a message on voice mail, email, or in person in reference to any item regarding my child's medical/psychological condition, care, and treatment.

I consent to allow GSSM staff to use and disclose information regarding my child, including medical, psychological, or other confidential records for purpose of treatment/consult and healthcare.

Signature of Parent of Legal Guardian

Date

Insurance Information (Insurance is required to attend gpod. If you do not have an insurance policy, please contact Mrs. Moore at GSSM (843) 383-3958 for information about a short term insurance policy.)

Primary Health Insurance Company _____

Mailing Address _____

Policy Number _____ Subscriber Name _____

Subscriber Social Security Number _____ Subscriber Date of Birth _____

Secondary Health Insurance Company _____

Mailing Address _____

Policy Number _____ Subscriber Name _____

Subscriber Social Security Number _____ Subscriber Date of Birth _____

Emergency Contacts

In case of an emergency, who should be contacted

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

