

Castle View High School
Senior Internship Medical Authorization and Insurance Information

Student Name _____

Should it be necessary for my son/daughter to have medical treatment while participating in this program, I hereby give the school and/or the internship site personnel permission to use their best judgment in obtaining medical services for my child, and I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate. Yes No

Permission is also granted to release emergency contact/medical history to the attending physician or to the internship site personnel, if needed. Yes No

Health Insurance Company _____

Name of Policyholder _____

Identification Number _____ Account Number _____

Name of Parent/Legal Guardian _____

Contact Number(s) _____

Family Doctor _____

Contact Number(s) _____

Preferred Hospital _____

Special Medical Problems (please check all that apply)

asthma vision hearing diabetes
 heart seizures allergies (specific) other (explain)

Medications student takes on a regular basis: _____

Does the student require any special accommodations because of medical conditions, limitations, disabilities or other restrictions? Yes No

If yes, please explain. _____

I hereby agree to waive and release any and all rights that I, my child, or our representatives may have to make claim against the Douglas County School District and _____ or their respective officers, employees, or representatives arising from injury or damages, including attorney fees that may result from my child's participation in the Senior Internship Program.

I further agree to indemnify and hold harmless the Douglas County School District and _____ or their respective officers, employees, or representatives from any claims, including attorney fees, which I or my child might make or which might be made on my or our behalf by others, or which might be made against me or my child by others arising from my child's participation in the Senior Internship Program.

Signature of Parent/Guardian

Date

Witness

Date