Greater Huntsville Chapter
of
The Links, Incorporated
Weekend Scholars Program

Medical Information and Liability Release Form

Student's Name	Date of Birth (mm/dd/yyyy)		
Mother's Name	Cell Phone #	Home Phone #	Business Phone #
Father's Name	Cell Phone #	Home Phone #	Business Phone #
Address	City	State	Zip

Health History: Please check all that applies

Condition	Yes	If you checked "Yes", please explain
Asthma	☐	
Diabetes	☐	
Heart Disease	☐	
Hay Fever	☐	
Eating Disorder	☐	
Seizures	☐	
Drug Allergies	☐	
Food Allergies	☐	
Physical Limitations	☐	
Other	☐	

Please indicate the date of teen's last Tetanus shot (mm/yyyy):	

Please list ALL medications and dosage the teen is currently taking:

1. Dosage:	2. Dosage:
3. Dosage:	4. Dosage:

Health Insurance/Physician Information

Insurance Carrier	Policy Holder
Insurance Phone Number	Policy/Group Number
Primary Physician	Physician's Office Phone Number

Print, sign, scan, and email these documents weekendscholarsghc@gmail.com by the deadline.

General Release
I, _____, the undersigned parent or legal guardian, do hereby release The Links, Incorporated, Greater Huntsville Chapter of The Links, Incorporated and their officers, members, heirs, agents, assigns from any and all liability which might result from any and all claims related to or arising out of, directly or indirectly from my minor's participation in any activity which may be conducted under the supervision of Greater Huntsville Chapter of The Links, Incorporated.

Signature (Parent or Legal Guardian)	Print Name	Relationship to Minor	Date

IMPORTANT NOTICE: In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule regulation, it is important that all parties in receipt of this form, assure that the information contained on this document is properly protected while allowing the flow of health information needed to provide health care and to protect the individual's health and well-being. The purpose of the Privacy Rule is to define and limit the circumstances in which an individual's Protected Health Information (PHI) may be used or disclosed. Contents contained on this document should **only** be discussed or shared with the individual (or their personal representative) or for the treatment activities of any healthcare provider.

Emergency Medical Consent Form

Greater Huntsville Chapter of The Links, Incorporated officials will attempt to notify parent/guardian or designated emergency contact if your child becomes ill or injured. In the event of a medical emergency, your child will be taken to the nearest emergency hospital for diagnosis/treatment regardless of parental notification.

Emergency Contact if parent/guardian cannot be reached:

Name:

Relationship:

Home Number:

Work Number:

Cell Number:

Medical Authorization
I hereby release The Links, Incorporated, Greater Huntsville Chapter of The Links, Incorporated, their officers, members, heirs, agents or assigns, from any and all liability relating to or arising out of any physical injury which may occur as a result of my child's direct or indirect participation in activities conducted under the supervision and direction of Greater Huntsville Chapter of The Links, Incorporated and all participating medical personnel from any and all liability associated with the care and treatment of my child. I understand that Greater Huntsville Chapter of The Links, Incorporated, and its members assume no liability of any nature whatsoever in relation to any transportation of (students)_____ for the purpose of securing medical and/or dental treatment. I further understand that all medical and dental treatment, examinations, x-rays, cost of ambulance, or hospitalization provided in relation to this authorization shall be borne by the undersigned. Signature of Parent/Guardian: _____ Date: _____ Signature of Parent/Guardian: _____ Date: _____
Medical Insurance Cards: "Weekend Scholars" participants must attach 3 copies of the front and back of your medical hospitalization Insurance card to this form.

Print, sign, scan, and email these documents weekendscholarsghc@gmail.com by the deadline.