MEDICAL AND PHOTO RELEASE FORMS

I, the (father, mother, guardian) of _____
hereby delegate authority to the directors of the *High School & Beyond* seminar to arrange whatever medical treatment that medical personnel deem necessary for him during the program. I also give the directors of the program permission to use photographs of him for promotional purposes.

Signature of parent or guardian_____

Date_____

Work phone: _____

Home phone: _____

Cell phone: _____

Date of last tetanus shot: _____

Allergic to: _____

Insurance data (Company name, policy number):

_____

_____

_____

_____

Indicate additional pertinent health information (dietary needs, etc):