

Great Lakes Adventist Academy  
**MEDICAL RELEASE FORM**

We, the legal parents/guardians of \_\_\_\_\_ (a minor) consent to any ex-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to minor under the general or special instructions of our school physician, or any physician the school or organization may call, whether such diagnosis/treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the school doctor before any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis/treatment, which might be required, and is given to authorize Great Lakes Adventist Academy or the physician to exercise their best judgement as to the requirements of such diagnosis/treatment. This consent remains in continuous effect until revoked in writing and delivered to physician named above or to the school or organization entrusted with the custody of the minor.

<b>Name of Insurance Company:</b>			
<b>Member No:</b>		<b>Group No:</b>	
<b>Name of Insured:</b>		<b>Birth Date of Insured:</b>	
<b>Parent Name:</b>		<b>Parent Phone No:</b>	
<b>Student's Allergies:</b>			
<b>Student's Daily Medications:</b>			
<b>Other Comments:</b>			

We hereby authorize any hospital, physician or other person, who has attended or examined the minor, to furnish the insurance carrier, or its representatives, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. A photo copy of this authorization shall be considered as effective and valid as the original.

<b>Parent/Guardian Signature</b>		<b>Witness Signature</b>	
		<b>Date</b>	

**- PLEASE PROVIDE FRONT & BACK COPIES OF INSURANCE CARD -**

**IMMUNIZATIONS Needed Before School**

**MI Residents:** 1) *Official Michigan Care Improvement Registry (MCIR)* form from health provider or health department, signed by either office. 2) signed waiver from health department, if refusing mandatory immunizations; 3) if picking & choosing immunizations, both a waiver and MCIR needed.

**Out of State/Country:** 1) immunizations from health provider, 2) signed waiver from MI Health Dept, and **please see school nurse.**

**CURRENT MANDATORY IMMUNIZATIONS (Jn 2017):** 1 Meningitis; 1 TDAP, 2 Varicella, 2 MMR, 4 Polio (IPV), 4-5 DTAP Series (*as child*); 3 HepB.