

Great Lakes Adventist Academy  
**MEDICAL RELEASE FORM**

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

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 school's designated medical professional, to exercise their best judgment as to the requirements of such diagnosis/treatment. This consent remains in continuous effect until revoked in writing and delivered to the school entrusted with the custody of the minor.

*Please fully complete this section. When listing information for the "Insured" (such as name and birthdate), this is generally the parent/guardian who carries the insurance policy, not the minor covered under the policy.*

<b>Name of Insurance Company:</b>			
<b>Member Number:</b>		<b>Group Number:</b>	
<b>Name of Insured:</b>			<b>Birth Date of Insured:</b>
<b>Student's Allergies:</b>			
<b>Student's Daily Medications:</b>			
<b>Other Comments:</b>			

I 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 illness, medical history, consultation, prescriptions, or treatment and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 and choosing immunizations, both 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 IMUNIZATIONS (April 2020):** 1 Meningitis; 1 TDAP; 2 Varicella; 2 MMR; 4 Polio (IPV); 4-5 DTAP Series (as child); 3 HepB.