

# NCASC Medical Release Form

April, 2019

This form is **required** for any student to participate in an NCASC event if he/she submits a Medical Form other than the NCASC Student Medical Form.

By signing this form, I, the parent or legal guardian of \_\_\_\_\_

Enter the name of the son or daughter (child)

hereby authorize staff of the North Carolina Association of Student Councils (NCASC) to consent to any medical care and treatment for my child that is recommended by a licensed healthcare provider to whom my child is presented for treatment. I understand that, if possible, I will be contacted in the event my child requires medical attention. In order to ensure that my child receives prompt medical care and treatment when necessary, I hereby release any licensed healthcare provider providing medical care to my child in reliance of this form from liability relating to such provider's acceptance of my substitute caregiver's consent and I agree to be responsible for payment of such care. I further hereby release NCASC and its agents from any damages, liability, or loss resulting from their securing in good faith medical care for my child.

\_\_\_\_\_

Enter the name of the parent/guardian signing this form

\_\_\_\_\_

Enter the name of the child's school

\_\_\_\_\_

Signature of the Parent/Guardian

\_\_\_\_\_

Enter the Date of Signature

I can be reached at this telephone number: \_\_\_\_\_

Enter the telephone number