

GCRSE Medical Release Form

Student Name: _____ DOB: _____

School District: _____ Grade: _____

Supervising Body: SCCSD GCR STEAM Expo Committee Date: 5.18.2024

Contact in Case of Emergency:

Mother/Guardian: _____ phone #1 _____ phone #2 _____
PRINT FULL NAME

Father/Guardian: _____ phone #1 _____ phone #2 _____
PRINT FULL NAME

If Parent/Guardian cannot be reached, please contact:

Emergency Contact: _____ phone # _____
PRINT FULL NAME

Health Insurance Company: _____ I.D. # _____

Special Health Considerations: _____

Medications Required: _____

ALL medications prescription and non-prescription must have a written doctor's order. Written orders must state the name of the medication, exact dosage and schedule. Supervising adults can only carry medications, students are responsible to request and take their own medication. Your doctor may state in writing that a student can carry their own medication, but the student cannot share that medication with other students. Please send only the amount necessary for the duration of the STEAM Expo.

I hereby give permission for my child to participate in the 2024 GCR STEAM Expo, as indicated above. I understand that this experience is offered by South Colonie Central School District and I confirm that the above information is accurate.

Parent/Guardian Signature: _____ Date: _____