Student Medical Waiver Form

I, ____________________________________________ (Parent/legal guardian’s complete name) hereby give permission for my son/daughter, ____________________________________________ (complete name of student delegate) to be treated on and off campus by YRS Conference for Round Square’s trained medical affiliates while in attendance at the YRS Conference for Round Square hosted by Westminster School.

Please tick the box to the left of each statement before signing.

( ) I consider that my child is fit to take part in normal physical activities.

( ) All important medical information (including allergies) has been provided to the best of our ability through registration.

( ) I understand and agree that all important medical information, emergency or otherwise, will be communicated to the adult Round Square representative accompanying my child, and, that it is the responsibility of this adult, not Westminster School, to communicate with me all knowledge and information; likewise, this adult will accompany my child in the event of hospitalization.

________________________________________________  ______________________
(Signature of parent and legal guardian of student delegate) (Date)