

New Mexico High School AiS Challenge Cyber-Defenders Institute (CDI)
Medical Release Form

I, _____, the undersigned, do certify that I
am the parent and/or legal guardian of the CDI student, _____, and do
hereby give permission for CDI staff to seek medical treatment for the aforementioned student in the event
of an accident, injury, or illness from July 6 – 18, 2003. As parent or legal guardian of the
participating CDI student, I understand that I will be responsible for any and all costs of medical attention
and treatment for my child.

Parent – print name

Signature

Date

Name of Insurance Company : _____

Insurance Policy Number: _____

Address of Insurance Company: _____

Insurance Phone Number: _____

Primary Care Physician Info: _____

Student's Medications/Dosages: _____

Student's Food Allergies: _____

Student's Drug Allergies: _____

Student's Special Needs:
(wheelchair access, etc.) _____