



FORM **D**

ANGEL GUARDIANS INC.
15677 Spaulding Street
Omaha NE, 68116
402.614.8202

Medical Authorization and Release

Name of Individual _____

Name of Parents/ Legal Guardian(s) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Parents/ Legal Guardian(s) Cell Phone: _____ - _____ - _____

Daily Medical Assistance, First Aid, and Emergency Medical Treatment

I recognize there may be occasions where the individual named above may require assistance completing certain parent- or guardian-authorized daily medical activities, medical first aid, or emergency medical treatment as a result of accident, illness, or other health condition or injury.

I (or my above-named parent or guardian) do hereby give permission to Angel Guardians or its agents and employees to assist the above-named individual with any authorized daily medical activities, or to seek and secure any needed medical attention or treatment for the above-named individual, including hospitalization, if, in Angel Guardians' opinion, such need arises. In doing so, I (or my above-named parent or guardian) agree to pay all fees and costs arising from this action to obtain medical treatment. I (or my above-named parent or guardian) give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I (or my above-named parent or guardian) agree to pay for the medical treatment. I (or my above-named parent or guardian) also agree to allow the hospital or medical agent to release the above-named individual back to Angel Guardians after treatment.

Release of Liability

I (or my above-named parent or guardian) hereby release Angel Guardians, its agents and employees and agree to hold them harmless from any and all liability, claims, damages, actions and causes of action whatsoever, for loss, damages or injury to persons or property, irrespective of how arising and however caused, including, but not limited to, all kinds and degrees or extent of negligence with which Angel Guardians, its agents or employees may be charged, directly or indirectly, with performing authorized daily medical activities or medical treatment arising from accident, illness, or other health condition or injury.

Updated 12/13/2018



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I (or my above-named parent or guardian) further agree to disclose in writing below, all physical and medical conditions, limitations, and sensitivities of the above-named individual, and agree to release and hold Angel Guardians, its agents and employees harmless from any liability, claims, damages, actions and causes of action in any way relating to or arising from said conditions,

limitations or sensitivities. I (or my above-named parent or guardian) expressly agree that the performance of authorized daily medical activities and medical treatment arising from accident, illness, or other health condition or injury shall be undertaken at my own risk, and I (or my above-named parent or guardian) represent that I (or my above named parent or guardian) am physically and medically able to understand the risks involved.

I (or my above-named parent or guardian) further agree that Angel Guardians, its agents and employees shall not be liable for any claims, demands, injuries, damages, actions, or causes of action whatsoever arising out of, or connected with the use of, any of its services, facilities or equipment. I (or my above-named parent or guardian) hereby expressly forever release and discharge Angel Guardians, its agents and employees from all such claims, demands, injuries, damages, actions, or causes of action and from all acts of active or passive negligence on the part of Angel Guardians, its agents or employees.

PARENT, LEGAL GUARDIAN OR INDIVIDUAL SIGNATURE

DATE

MEDICAL HISTORY

Include special medical needs or concerns, such as asthma, allergies, conditions, dietary needs, medications, etc. Please list all conditions, limitations or sensitivities of participant. Also, please list any conditions for which you have seen a physician for in the past year and other information that should be known about the above-named individual:

