

**PARENTAL AUTHORIZATION**  
Consent/Medical Release

My child, \_\_\_\_\_, has recently passed a physical examination and is cleared for participation in all activities. Further, I understand Mercyhurst Prep does not carry medical or accidental insurance and authorize routine medical care for the named above to be referred to local medical professionals and claimed under my personal insurance policy.

Parent/Guardian Signature \_\_\_\_\_

Phone: H (\_\_\_\_) \_\_\_\_\_ W (\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_