

Le Monde Programs LLC  
Student Medical Information and Release Form

\_\_\_\_\_  
Student Name \_\_\_\_\_  
Teacher

\_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Other Phone

\_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Other Phone

\_\_\_\_\_  
Physician \_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Patient ID / Medical Record No.

\_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Group & Individual No.

\_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_  
Hospital Preference

Does the student have any special medical problems? YES NO  
If yes, please specify: \_\_\_\_\_

Is the Student allergic to any Medications? YES NO  
If yes, please specify: \_\_\_\_\_

Does the student have other allergies; require an Epi-pen or other emergency treatment? \_\_\_\_\_

Date of student's last Tetanus shot: \_\_\_\_\_

As the parent/guardian, I hereby give permission, in case of accident and/or surgical emergency, to Le Monde Immersion and Le Programs LLC, as well as their agent(s) or representative(s), to seek medical attention for my child and give permission to the applicable physician to hospitalize, secure treatment for and to order injection, anesthesia, or surgery for my child, as named above, according to medical standards and expertise then and there available whether known or unknown. I acknowledge that I or we will be contacted first whenever possible.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date