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Medical Consent Form

STUDENT NAME: _____

GRADE: _____

ASTHMA:

Does your child currently have Asthma? No Yes (If yes, please complete a School-Based Asthma Management Plan Form and medical release information)

DIABETES:

Does your child currently have Diabetes? No Yes (If yes, please complete a School-Based Care Plan for the Student with Diabetes Form and medical release information)

ALLERGIES:

Does your child currently have any allergies? No Yes (If yes, please complete an Emergency Health Care Plan and medical release information)



In consideration of the agreement by SER YouthBuild Learning Academy to admit the above-named child as a student, I, the undersigned parent(s), hereby authorize SER YouthBuild Learning Academy and its agent and employees to secure for the above-named student **any** emergency medical, mental health, or dental treatment which they, in their sole judgment, may deem necessary and proper for said student. We further specifically authorize SER YouthBuild Learning Academy and its agents and employees to execute administration of any medical, mental health, or dental treatment or procedures whatsoever to the said student.

We hereby release and waive any claims for damages, which we or the said student may have against SER YouthBuild Learning Academy, or its agents or employees in any manner arising from or in the course of medical, mental health, or dental treatment or procedures administered to said student.

We, individually and on behalf of the student, do hereby release, acquit, and forever waive and discharge SER YouthBuild Learning Academy or any successor company and their agents and employees from **any** and all action claims for compensation on account of personal injuries from instances occurring while said student is enrolled at SER YouthBuild Learning Academy

This form also authorizes the release of information pertinent to the treatment of this child.

Printed Name of Parent/Guardian

Phone

Signature of Parent/Guardian

Date