



Mail to:
LaPREP
LSU-Shreveport
One University Place
Shreveport, LA 71115

Medical Release Form for LaPREP at LSUS

It is very important, for your child's safety and security, that you provide us with *all* of the information requested in this document. Thank you for your time and attention to provide this information.

Names of all parents/guardians with whom the participant is living during the LaPREP weeks:

1. _____
(Name of parent/guardian) (Relationship to participant)

2. _____
(Name of parent/guardian) (Relationship to participant)

Home Phone _____ Email _____

Address: _____
Street City State Zip Code

1. _____
Place of employment of 1st named parent/guardian Work/cell/pager phone number

2. _____
Place of employment of 2nd named parent/guardian Work/cell/pager phone number

Please provide us with names and phone numbers of any other places where we might reach you, the parent(s) or guardian(s), in case of an emergency.

If the parent(s)/guardian(s) cannot be reached, please tell us who to contact.

1. _____ 2. _____
Name Name

Relationship to LaPREP participant Relationship to LaPREP participant

Phone number/Pager number Phone number/Pager number

