

- MEDICAL RELEASE FORM -

Participant's Name: _____ Date of Birth: _____

Address: _____

Parent/Legal Guardian: _____

EMERGENCY CONTACTS:

Mother:
Daytime phone: _____
Evening phone: _____
Cell phone: _____

Father:
Daytime phone: _____
Evening phone: _____
Cell phone: _____

Other: Relationship to Participant: _____
Daytime phone: _____
Evening phone: _____
Cell phone: _____

MEDICAL INFORMATION:

I give permission to _____ and the chaperones to administer the following to my child as needed:

___ Aspirin ___ Advil ___ Tylenol ___ Pepto Bismol ___ Kaopectate ___ Other: _____

Medicine(s) in student's possession: _____

My child is allergic to the following foods or medication: _____

List any medical conditions or medical history of which _____ and the chaperones should be aware: _____

Date of last tetanus shot: _____

INSURANCE INFORMATION:

Carrier: _____ Group # _____ Policy Number: _____

Insured's Name: _____ Relationship to Insured: _____

In the event of a medical emergency and a parent or other contact person named above cannot be reached by telephone or otherwise, I authorize _____ and the chaperones on tour to obtain medical treatment for my child and authorize any physician to examine my child and render such medical and/or surgical treatment which, in such physician's reasonable judgment, may be deemed reasonably necessary for my child's health and safety.

RELEASE: The undersigned hereby releases the respective school district, school, _____, the chaperones on tour, Junior Tours and its officers, directors, shareholders, employees and agents from and against any and all liability arising out of participating in this tour, including but not limited to all claims for (i) personal injury; (ii) loss of, or damage to, any property; and (iii) damage, expense or inconveniences caused by delays in transportation, arrivals, or departures, changes in schedule, the act, failure to act or negligence of any service supplier, hotel or restaurant, illness, weather, strikes, governmental actions or acts of god.

Signature: _____

Date: _____

Print Name: _____