

Medical Release Form for Educational Trips

Student Information

Full Name

Date of Birth

Home Address

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Emergency Contact

Emergency Contact Name

Phone Number

Medical Information

Family Physician

Physician Phone Number

Medical Conditions / Allergies / Medications

Health Insurance Provider & Policy Number

Medical Release & Consent

I authorize school representatives to obtain emergency medical treatment for my child if necessary. I understand all reasonable attempts will be made to contact me prior to such action. I agree to cover all costs incurred for such medical care.

Parent/Guardian Signature

Date