

Student Travel Medical Release Form

Student Information

Full Name

Date of Birth

Address

Phone Number

School Name

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Medical Information

Medical Insurance Provider

Policy Number

Primary Physician Name/Contact

Allergies (if any)

Current Medications (if any)

Medical Conditions

Authorization & Consent

I authorize the adult in charge to seek and consent to medical treatment for my child in case of emergency. I certify all information provided is accurate and complete.

Parent/Guardian Signature

Date