

**- 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: \_\_\_\_\_