

Medical Release Form

Please return this form to Mrs. Tribuzi

Student Name: _____ Date of Birth _____

Parent's Name: _____

Contact Numbers: home: _____ work: _____ cell: _____

Medical Insurance Carrier: _____ Policy Number: _____

Medical Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Known Allergies: _____

Last Tetanus: _____

Medical Problems: _____

Medications Being Used (include dosage/frequency) _____

(Please be sure medications are clearly marked)

Present State of Health: _____

Notify in Emergency (if parent unavailable): _____ Relationship _____

Contact Numbers: home: _____ work: _____ cell: _____

Authorization for Treatment of Minor

I, the undersigned, parent or legal guardian of _____, a minor, do hereby consent to the nurse or physician selected by the group organizer to perform routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the group organizer to hospitalize, secure proper treatments for, and to order injection, anesthesia, or surgery for my child as named above.

In the event of any emergencies during the trip, the undersigned hereby grants authority to be exercised at the discretion of the group organizer, trip leader or chaperone to dispense over-the-counter medication.

Date

Signature of Parent or Guardian

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