



Class Trip Medical Emergency Release Form

Name of Trip: Senior Class Trip

Dates: May 19-23, 2012

Name of Participant: _____

Cell #: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Father: _____

Wk. #: _____ Hm. #: _____ Cell #: _____

Mother: _____

Wk. #: _____ Hm. #: _____ Cell #: _____

Other emergency contact and phone #: _____

Does your child have asthma, allergies or seizures? ____ Yes ____ No

Does your child have any continuing illness or medical restriction? ____ Yes ____ No

If yes, please list and describe:

Please list all medicines currently taking (*please note-all medicine must be clearly labeled and presented to the sponsor prior to the trip. These will be administered by the chaperones*): _____

Medical Insurance Company: _____

Policy Number: _____

I give permission for nonprescription medication (Tylenol or Advil, for example) and routine medical care to be given to my child. If deemed necessary by staff to take said student to a doctor or hospital, I hereby authorize medical treatment including, but not limited to, emergency surgery or medical treatment, and assume the responsibility for all medical bills.

I hereby release, waive and forever discharge Little Rock Christian Academy, Inc., its staff, agents, representatives from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in activities.

Parent/Guardian Name (print): _____

Parent/Guardian Signature _____ Date: _____