



**Class Trip Medical Emergency Release Form**

Name of Trip: Sophomore Class Trip

Dates: March 14-16, 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: \_\_\_\_\_