



Medical Release Form

School Name _____

Tour Leader Name _____

Student Name _____

Birth date _____

Parent/Legal Guardian _____

As the parent/legal guardian of _____,
I request that in my absence the above student be admitted to any hospital, dentist, and staff of duly licensed as Doctors of Medicine or Dentistry or licensed nurses or medical technicians, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor.

Family Physician _____ Phone _____

Parent/Guardian Phone
Home _____ Cell _____ Work _____

Emergency contact _____

Phone number _____

Please list any medical conditions, allergies or medication needed with instructions: _____

Parent Signature/Date

Please return to Trip Leader, not Grand Classroom