

**STUDENT MEDICAL RELEASE FORM**

(Please print or type. If needed, use the backside for additional responses.)

Student's Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work (M) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work (F) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mother's Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Father's Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Emergency Relative \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Emergency Physician \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Daily Medication (include the medication name and usage schedule) \_\_\_\_\_

Allergies (bee stings, non-prescription medication, food, etc.) \_\_\_\_\_

Please check any or all of the following non-prescription medications that the chaperones have parental/guardian permission to administer if necessary:

Advil - Yes \_\_\_ No \_\_\_ Dramamine - Yes \_\_\_ No \_\_\_ Tylenol - Yes \_\_\_ No \_\_\_ Benadryl - Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

This trip involves considerable walking at times. Please describe any physical problems or concerns that the chaperone should be made aware:

In case of emergency involving my child (student) and a parent/guardian cannot be contacted, I authorize any chaperone associated with this tour to obtain medical care for my child. Furthermore, if the treatment is for a non-tour related illness or injury, I authorize the use of our family medical insurance company.

Company Name: \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Policy Number: \_\_\_\_\_ Billing Address (of carrier) \_\_\_\_\_

Insured's Employer Name: \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

In addition, on behalf of my child, I acknowledge that in connection with swimming and other physical activity, I have or have not authorized this activity as indicated below and I have fully advised the Tour Moderator (Group Leader) of all limitations that my child may have in participating in this tour activity. I understand that even if lifeguard(s) are present, swimming is at one's own risk. I hereby release Brightspark Travel, Inc (DBA Educational Tours, Inc.) and the chaperones from responsibility for personal injury or other loss which might occur while engaging in swimming or other activity unless such injury or loss is caused by the gross negligence of Brightspark Travel, Inc or the chaperones.

Please check one: \_\_\_\_\_ Swimming Authorized  Swimming NOT authorized

Please fully specify all limitations on physical activity \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Please print name: \_\_\_\_\_