

Student Medical Release Form

Student's Full Legal Name _____

Home Address _____

City _____ State _____ Zip Code _____
Student's Date of Birth ____/____/____

Emergency Contact _____
Name Relationship (H) Phone (C) Phone

Emergency Contact _____
Name Relationship (H) Phone (C) Phone

Physician _____ Phone _____

Daily Medication (List and see Medication Administration Form) _____

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:

Motrin ____ Dramamine ____ Tylenol ____ Benadryl ____ Pepto ____ Tums ____

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

In case of emergency involving my child (Student) and a parent or 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.

Insurance Provider: _____ Phone: _____

Insured's Employer: _____ Policy Number: _____

Billing address: _____

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 lifeguards 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 ___X___ Swimming NOT Authorized

Parent/Guardian Signature: _____ Print Name: _____