

STUDENT MEDICAL RELEASE FORM

(Please print or type. If needed, use the backside for additional responses)
MUST RETURN THIS MEDICAL RELEASE FORM TO MRS. BUSSEAN BY DECEMBER 15th

Orlando, Florida 2018

School/Group Name: **Mokena Meteor Music**

Trip Dates: **January 12 - 16, 2018**

Student's Full Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Student's Date of Birth: _____ / _____ / _____
Month Day Year

Home Phone: (_____) _____ - _____

Mother's Name: _____

Cell: (_____) _____ - _____ Work: (_____) _____ - _____

Father's Name: _____

Cell: (_____) _____ - _____ Work: (_____) _____ - _____

Emergency Relative: _____

Emergency Contact Number: (_____) _____ - _____

Physician: _____ Phone: (_____) _____ - _____

Daily Medication (include the medication name and usage schedule) _____

(Medication must be in original container - with only enough doses for trip)

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 Pepto Bismol - Yes No Tums - Yes No

Midol - Yes No Other: _____

This trip involves considerable walking. Please describe any physical problems or physical limitations 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.

Parent/Guardian Signature: _____

Print Name: _____

Furthermore, I authorize the use of our family medical insurance company.

Insurance Company Name: _____

Phone: (_____) _____ - _____ Policy Number: _____

Billing Address (of carrier): _____

Insured's Employer Name: _____

Employer's Phone: (_____) _____ - _____

*(*Please provide a photocopy of the front and back of your insurance card as well a the insured's driver's license)*

Parent/Guardian Signature: _____

Print Name: _____