



CONFERENCE MEDICAL RELEASE FORM

Name of organization: _____

Activity or event: _____

Date(s): _____

To whom it may concern:

I hereby grant permission to those parties supervising the trip to obtain emergency treatment for my son/
daughter _____ if necessary.
(full name with middle initial)

Signature of parent/guardian

Is there any medical aspect we need to know about your son/daughter?

If so, what? _____

Please list any medications to which your son/daughter is allergic. Example: "Penicillin."

Please send the proper medication (identified) for the above allergies.

Name of insurance company and policy number: _____

Date of last tetanus: _____

Family physician or clinic: _____ Phone: _____

Physician or clinic address: _____

Student's full name: _____

Address: _____

Home phone: (____) _____ Business phone: (____) _____

Other relative: _____ Relationship: _____

Home phone: (____) _____ Business phone: (____) _____

Please return this entire form.



CONFERENCE PARENTAL CONSENT FORM

Name of organization: _____

Activity or event: _____

Date(s): _____

I have acquainted myself with the plan of the approved trip to _____
on _____ and hereby grant permission for my son/daughter _____ to
attend.

I assume full responsibility for his/her good behavior and shall not hold the Board of Education, school employees, or the
chaperones liable for any incidents that may occur.

Date Signature of parent/guardian

To whom it may concern:

In the event that circumstances require that my son/daughter be driven in a car of any accompanying chaperone,
I hereby grant permission for this arrangement.

Signature of parent/guardian

I give my permission for my son/daughter to participate in recreational swimming during the trip.

Signature of parent/guardian

If my son/daughter is susceptible to ear infections, I will send ear plugs.

Please return this entire form.