

STUDENT NAME: \_\_\_\_\_

PARENT AUTHORIZATION FOR  
SCHOOL SPONSORED TRIPS  
&  
MEDICAL RELEASE FORM

I am the parent or legal guardian of the student named above, and authorizes this student to attend school-sponsored trips to be supervised by school personnel. I also authorize school personnel and any accompanying sponsor to secure emergency medical treatment in case of accident or illness. Such authorization is in effect for the 2017 - 2018 school year, and may be revoked at any time.

---

Doctor: \_\_\_\_\_

Allergies: Yes/No \_\_\_\_\_ If Yes, \_\_\_\_\_

Medications(s): \_\_\_\_\_

Insurance company: \_\_\_\_\_

Name on account: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance co. Phone #: \_\_\_\_\_ - \_\_\_\_\_

*(please mark N/A for those not applied)*

---

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_