

BCS FIELD TRIP MEDICAL RELEASE / TREATMENT PERMISSION FORM

Trip Description: _____

Student Name: _____ Birth date: _____

In the event of a medical emergency where, because of time or location, the parent cannot be reached, the parent signature below give the school permission to consult an available physician, and the physician permission to treat the child as needed. The parent will assume the financial responsibility for the treatment.

The following special health problems or physical limitations should be noted: (i.e. severe allergies (bee stings, etc.), hemophilia, diabetes, heart disease, etc.)

As parent/guardian of the above named child, I promise to hold BCS harmless from any liabilities it may incur from the above named minor in connection with the above named excursion except as might arise because of negligence on the part of the school or its employees.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Parent's Home Phone: _____ Business/Cell Phone: _____

Emergency Doctor: _____ Phone: _____

Health Insurance Co.: _____ ID#: _____

Neighbor: _____ Phone: _____