

- MEDICAL RELEASE FORM -

Child's Name: _____ Date of Birth: _____
Address: _____
Parent/Legal Guardian _____

=====

EMERGENCY CONTACTS

Mother: Daytime Telephone: _____ Father: Daytime Telephone: _____
Evening Telephone: _____ Evening Telephone: _____
Cellular Telephone: _____ Cellular Telephone: _____
Beeper Number: _____ Beeper Number: _____

Other: Daytime Telephone: _____
Evening Telephone: _____
Cellular Telephone: _____
Beeper Number: _____

=====

MEDICAL INFORMATION

I give permission to _____ and/or the other chaperones on tour to administer the following medications to my child as needed:

___ Aspirin ___ Advil ___ Tylenol ___ Pepto Bismol ___ Kaopectate ___ Other: _____

Medicine(s) in student's possession: _____

My student is allergic to the following medication: _____

Date of last tetanus shot: _____

List any medical conditions or medical history of which _____ and/or the other chaperones on tour should be aware: _____

=====

INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____
Insured's Name: _____

=====

In the event of a medical emergency and a parent or other contact person named above cannot be reached by telephone or otherwise, I authorize _____ and/or the other chaperones on tour to obtain medical treatment for my child and authorize any physician to examine my child and render such medical and/or surgical treatment which, in such physician's reasonable judgment, may be deemed reasonably necessary for my child's health and safety.

RELEASE: The undersigned hereby releases the respective school district, school, _____, the other chaperones on tour, Main Event and its officers, directors, shareholders, employees, independent contractors, and agents from and against any and all liability arising out of participating in this tour, including but not limited to all claims for (i) personal injury; (ii) loss of, or damage to, any property; and (iii) damage, expense or inconveniences caused by delays in transportation, arrivals, or departures, changes in schedule, the act, failure to act or negligence of any service supplier, hotel or restaurant, illness, weather, strikes, governmental actions or acts of god.

Signature: _____
Print Name: _____
Date: _____