



MEDICAL CONSENT PERMIT FORM

NOTE: Most medical facilities require that this form be notarized prior to treating the Student.

Student's Name	Contact Person (In case of emergency)
Parent/Guardian's Name	Emergency Phone Number
Home Address	Family Physician
City, State, & Zip Code	Family Physician's Phone Number
Home Phone Number	Health Insurance Company Name
Parent/Guardian's Work Phone	Health Insurance Policy Number

Medications Currently Prescribed:	_____
Dosage/Frequency:	_____ Date of Birth: _____
Allergies/Allergic Reactions to Medications:	_____
Major Surgeries:	_____ Date of last Tetanus Shot: _____
Acute/Chronic Medical Conditions:	_____
Physical Conditions that may limit activity:	_____
Special Dietary Needs:	_____

PARENTAL CONSENT FORM/RESPONSIBILITY CLAUSE/MEDICAL PERMIT

I give _____ (Name of Student) permission to participate in the _____ (Destination) Tour. I understand that _____ (Name of High School) and every person involved in this tour is not to be held liable for any death, injury, damage, delay, or irregularity that may occur on this tour. If my child needs to take medications while on this tour, I give permission for him/her to do so. I understand that medications must be carried in the original (labeled) container and that prescription medications must be listed on this form. If there is an emergency, I give consent for a qualified physician to perform the necessary procedures. I understand that the staff will make every effort to contact me before any action is taken. I authorize the physician to hospitalize and use other medications as he/she deems medically needed. If a licensed physician is traveling on the tour, I authorize him/her to administer medications that may arise while on tour.

Parent/Guardian's Signature	Date	Relationship to Student
Student's Signature	Date	Notary Signature - Date