9th Grade New Orleans Trip Medical & Waiver Form

EVANGELICAL CHRISTIAN SCHOOL

November 30 - December 3, 2026

Student Information
Name of Student: _____
Address: _____
Student Cell: _____
Student Email: _____

Parent/Guardian Information
Parent(s) Name(s): _____
Parent(s) Cell Number(s): _____
Parent(s) Email(s): _____
Emergency Contact (if different): _____
Phone: _____

Medical Information
Food Allergies: _____
Medical Conditions (Confidential): _____
Prescription Medications (Confidential): _____
Over-the-Counter Medications (Confidential): _____
Insurance Carrier: _____
Policy Number & Contact Info: _____

Travel Waiver and Release

I give permission for my child, _____, to participate in the **ECS 9th Grade New Orleans Trip** from November 30 - December 3, 2026.

I understand that students will travel by **chartered bus** and that all reasonable safety precautions will be taken. I hereby release **Evangelical Christian School**, its employees, chaperones, and volunteers from any liability in the event of accident, illness, or injury during travel or while participating in trip activities.

I authorize ECS personnel to seek emergency medical attention for my child if needed, and I accept responsibility for any related medical costs.

Parent/Guardian Name (print): _____
Signature: _____
Date: _____