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MEDICAL RELEASE FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION	
Student Name:	
Mother's Name:	Phone Number: () -
Father's Name:	Phone Number: () -
If parent or legal guardian is not available in case if an emergency please notify the person listed below.	
Name:	Relationship:
Home Phone: () -	Cell Phone: () -

MEDICAL INFORMATION	
Physicians Name:	Phone Number: () -
Medical Insurance Company:	Phone Number: () -
Policy Number:	Group Code:
Address:	
Name on Insurance Card:	Relationship:
Please lists any information that is necessary for medical care: • _____ • _____ • _____ • _____ • _____	

MEDICAL HISTORY	
Medical Restrictions or Conditions:	
Medicine in my child possessions:	Dosage:
Allergies:	Date of last Tetnas Booster:
Address:	
Please lists any information chaperones need to know regarding your child's medical care: • _____ • _____ • _____ • _____	

As parent or legal guardian of the aforementioned student, I hereby give my consent for any emergency medical or dental treatment as approved by the tour consultant or other adult escort, in case of illness or injury while participation in activities sponsored by **King's College Tours**. I agree to hold harmless **King's College Tours**, its employees and agents from any injury or sickness occurring during or as a result of the trip. I also agree that I will be fully responsible for the cost of medical treatment and any related transportation.

King's College Tours and School boards/Systems act solely in the capacity of the agents on behalf of their tour patrons in arranging tour and trip services and are not responsible for delays, cancellations, and negligence due to any persons or companies.

<u>STUDENT SIGNATURE</u>	<u>DATE</u>
<u>PARENT/GUARDIAN SIGNATURE</u>	<u>DATE</u>