

TEEN TRIP
Emergency/Medical Information Release Form

EMERGENCY INFORMATION FORM

CHILD'S NAME: _____ **D.O.B.** _____ **BOY** ___ **GIRL** ___
_____ **D.O.B.** _____ **BOY** ___ **GIRL** ___
_____ **D.O.B.** _____ **BOY** ___ **GIRL** ___

PARENT NAME _____
Address _____ City _____ Zip _____
Mother's Phone: Home _____ Pager _____ Cell _____
Father's Phone: Home _____ Pager _____ Cell _____

AUTHORIZATION TO PICK UP CHILD(REN)

Emergency contact(s): if both parents are unable to be reached)

Name: _____ Phone #: _____ Pager/Cell: _____
Name: _____ Phone #: _____ Pager/Cell: _____

The names listed below are authorized to pick up my child(ren):

Name: _____ Phone #: _____ Pager/Cell: _____
Name: _____ Phone #: _____ Pager/Cell: _____

MEDICAL INFORMATION AND RELEASE

Please list any existing medical conditions, problem, allergies (food or otherwise) or physical limitations your child(ren) may have:

Medical Release: I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child(ren) in case of an emergency and in the event that I cannot be contacted.

Signature of Parent or Guardian: _____ **Date** _____

Doctor's Name _____ **Hospital Name** _____