

Washington D.C. (January 14 – January 19, 2018)
MEDICAL FORM RELEASE

Parents, please fill in the following information about your child's insurance and any necessary medications that will be required for your child to take while on the trip.

Medical insurance for my child: _____
child's name

is carried by _____
insurance company name

policy number

Medical Needs: Please fill in below any medical information that the staff and chaperones will need to be aware of about your child. Please indicate any and **ALL** medications including prescriptions and over the counter medications that your child will need to take while on the trip.

Shortly after the final payment is made (November 8, 2017), I will send home the necessary Medication forms and Notice that will be necessary for you to fill out and get signed by a Doctor in order for your child to take prescribed medication and over the counter medication on the trip.

Emergency Contacts: Please list the names of the child's parents/guardians and all phone numbers they can be reached at day and night.

Name Relationship Phone Numbers

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I hereby grant to the chaperones and the faculty and staff of Fruit Cove Middle School permission to admit to any hospital my child, _____ for emergency care.
Child's Name

Parent E-Mail Address
(You will receive notifications of upcoming meetings and information.)

Print Legal Guardian's Name

Legal Guardian's Signature

Date Signed

