STEM STUDY TOURS
TRAVEL WITH PURPOSE

Medical Release Form

(Print Front/Back on Single Page)

Student: Full Legal Name:_____ Date of Birth:_____

Address:_____

Parent/Legal Guardian:_____

Email:_____ Phone:_____

2nd Contact & Relationship:_____

2nd Contact Email:_____ 2nd Phone:_____

I, the undersigned and parent or legal guardian of the above-named child, do hereby consent to the participation of my youth in the scheduled activities included in this trip. I certify that my youth is physically and mentally fit for participation. I also hereby do state that I have authorization and full permission to act on his/her behalf as their legal guardian.

I, the lawful parent or legal guardian of the student registered for this trip, understand that I will be notified of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor or medical assistance of any type to provide necessary medical services in the event that my youth is injured or becomes ill. I authorize one or more of the following persons to make emergency medical decisions on behalf of my youth, if required by law, or a health care professional. I authorize the person(s) indicated below to act in my consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatments and hospital care. I understand that I will be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the Trip Leader in writing of any health changes that would restrict my youth's participation in any normal activities. I also understand that the Trip Leader and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within their physical capabilities.

Trip Leader Name / Contact:

2nd Trip Chaperone Name / Contact:

Medical Questions:

Does your child suffer from any of the following?

( ) Asthma
( ) Diabetes
( ) Kidney Disease
( ) Allergies / Hay Fever
( ) Heart Murmur
( ) Seizures

If you ticked 'yes' to any, please explain in detail:

Does your youth have any known medical conditions? If yes, explain in detail:

Is your youth presently taking any prescribed medication? If yes, list name, purpose, dosage and frequency:

If yes, how will this medicine be administered while your youth is traveling?

Does your youth have any type of physical handicap which would prevent him/her from participating in normal rigorous activities?

Does your youth sleep walk or have any type of sleep issues?

What is his/her Blood Type?

Please list any Dietary requirements that we should be aware of:

Family Doctor Name / Location / Phone:

Medical Insurance Information & Policy Number:

_____ _____

Parent/Legal Guardian – Signature | Date

_____ _____

Printed Name | Phone