



## 2017 SUMMER CAMP BLANKET FIELD TRIP PERMISSION/ MEDICAL EMERGENCY FORM

Student's Name \_\_\_\_\_ Enrolled Camp(s): \_\_\_\_\_

Address \_\_\_\_\_

(Include zip code)

Home Phone: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_

Parent #1 Work #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Parent #2

Name: \_\_\_\_\_

Parent #2 Work #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

My child has permission to attend all school-related field trips through such modes of transportation as The College School determines to be appropriate, including, without limitation, privately owned vehicles, buses, and any combination thereof.

I do hereby grant permission for The College School to secure such medical aid and hospital services as the instructors deem necessary for the child noted above in the event s/he should sustain an injury or illness while attending school or a school-sponsored trip.

Should a serious medical problem arise, and I cannot be contacted, the school has my permission to secure medical and hospital services as necessary and to take my child to an emergency room for treatment.

I have also indicated below any medical information of which the school should be aware in consideration of the child's physical and mental wellbeing.

I hereby release The College School from any responsibility arising from a medical emergency.

Pediatrician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone #: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications taken: \_\_\_\_\_

Special Physical/Mental Conditions: \_\_\_\_\_

My child ☐ MAY ☐ MAY NOT have **TYLENOL** (acetaminophen). Please Check One

Emergency Name & Relationship #1 \_\_\_\_\_ Phone#: \_\_\_\_\_

Emergency Name & Relationship #2 \_\_\_\_\_ Phone#: \_\_\_\_\_  
(optional)

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### \*\*\*\*\*NO MEDICAL ATTENTION PLEASE\*\*\*\*\*

**I DO NOT** want my child to receive any medical attention under any circumstances. In the event of a medical emergency, please follow the procedures outlined on the back of this form. Although I give permission for my child to attend school-related field trips, I hereby release The College School from any responsibility arising from a medical emergency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Witness (School Official)