



Medical Release Form

PARENT PERMISSION

Check appropriate blanks

1. I, the undersigned parent, give permission for my child to participate on this field trip.
2. I authorize my child's Group Leader, **Jamie Worden**, an adult in whose care the minor child has been entrusted during the field trip to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures. This consent shall be effective only during the field trip described herein. By signing below, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein.
3. I agree to accept responsibility for and to pay any medical and/or hospital fees or charges for emergency medical care authorized by the group leader in an emergency.
4. I further agree to indemnify and hold harmless, the faculty sponsor, volunteer chaperones, the Board of Education, its agents, employees and representatives from and against any and all claims, suits, or causes of action which I or my child may have or claim to have for any injuries arising from, out of, during or in connection with my child's participation in the field trip or the rendering of emergency medical care or treatment, except for injuries caused by gross negligence or intentional wrongdoing.

SPECIAL MEDICAL INFORMATION

Please also include a copy of your insurance card with this form.

Please list and describe any special medical information or instructions that the trip leader may need to properly care for your child on the field trip:

List any medications that need to be administered to your child:

Name of Medication:

Dosage:

Name of Medication:

Dosage:

EMERGENCY INFORMATION

Parent's Work Phone:	Parent's Home/Cell Phone:
Other Person to Contact/Relation:	Other Person's Home/Cell Phone:

INSURANCE

Medical/Hospital Insurance Carrier or HMO:	Policy #:
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TRAVELER INFORMATION

Print Student's Name: Age at time of trip:	Street Address:
Print Parent or Guardian's Name:	Signature of Parent or Guardian (do not sign until you are standing before the public notary):
Date of Signature:	Print Name of Notary Public:

STATE OF NORTH DAKOTA, COUNTY OF GRAND FORKS

On this ____ day of _____, 20____, _____ personally appeared before me, to me known to be the person described in and who executed the foregoing instrument and he (or she) acknowledges that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public. _____
My Commission Expires: _____

OFFICIAL SEAL