

Sample Medical Waiver

MEDICAL PROXY / PERMISSION FORM

NAME OF GROUP: _____ DATE OF TRIP: _____

DESTINATION: _____ NAME OF TOUR PARTICIPANT: _____

I hereby give permission to my child, to accompany the faculty advisers of the above tour for the days indicated. I will hold neither the school nor any of the faculty advisers accompanying this group responsible for any accidents or injury to my child. The chaperones and Independent Tour Leaders on this tour have my permission to take my child to the nearest hospital for emergency treatment if required. (List special medical problems and/or allergies on the back of this form). My son/daughter shall comply with all the rules set forth by the chaperones or be removed from the trip and sent home at my expense.

MOTHER'S/GUARDIAN'S SIGNATURE: _____ PHONE: _____ CELL: _____

ADDRESS: _____ DATE: _____
(STREET) (CITY) (STATE) (ZIP CODE)

FATHER'S/GUARDIAN'S SIGNATURE: _____ PHONE: _____ CELL: _____

ADDRESS: _____ DATE: _____
(STREET) (CITY) (STATE) (ZIP CODE)

NAME & PHONE/CELL # of NEAREST RELATIVE: _____

I have listed special medical problems and/or allergies on the back of this form: _____ Yes _____ No