

ASHLAND TRAVEL CLUB

MEDICAL RELEASE FORM

Child's name _____ Date of Birth _____

Address _____ Telephone _____

Parent/Legal Guardian _____

Parent Employer _____ Telephone _____

EMERGENCY PHONE NUMBERS

Day Telephone _____ Father _____

Mother _____ Friend _____

MEDICAL INFORMATION

Medicines in student's possession _____

List any allergies to medication _____

Date of last tetanus shot _____

List any pertinent medical history or chronic medical problems _____

Medical Insurance Company _____

Name of Insured _____

Policy Number _____

In case of an emergency and a parent/guardian cannot be reached by phone, I authorize Steve McDonnell or Tim Black to obtain medical treatment for my son/daughter and any hospital emergency department physician and/or any member of the hospital medical staff requested by a hospital emergency department physician to make such examinations and render such medical and/or surgical treatment which in his or their judgment may be deemed necessary for my child's health and welfare.

Parent/Guardian Signature

Date