

MEDICAL RELEASE

I, _____, hereby give permission to the physician selected by the representative of the Region #15 School District to administer the appropriate medical treatment to my child, _____, in the event of any illness or accident which may arise while my child is on this school trip:

SKI TRIP TO SMUGGLERS' NOTCH
SMUGGLERS' NOTCH, VERMONT
March 19-21,2010

In the case of a medical emergency, I give my permission for the Region #15 chaperones to transport my child _____ to a medical facility using private transportation.

Signature of parent/guardian

Date

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD

If not available, please provide the following information:

Name of Insured: _____ Birthdate: _____

Name of Policy: _____

Type of Policy: _____

Policy Number: _____

Group Number: _____

Address and telephone number if different from students:

