



Emergency Contact/ Trip Release/ Medical Release

FOR THE SCHOOL YEAR 20____ - 20____

Child's Name _____ Date of Birth _____ / _____ / _____

Address _____

Parent/Guardian _____ Cell # _____

Work # _____ Home # _____

Parent/Guardian _____ Cell # _____

Work # _____ Home # _____

Emergency contacts, if unable to reach parents (**must complete**)

1. _____ Relationship _____

Cell # _____ 2nd # _____

2. _____ Relationship _____

Cell # _____ 2nd # _____

Date of last tetanus immunization _____ / _____ / _____

Allergies (include drug allergies) _____

Describe allergic reaction _____

If allergic reaction occurs on a trip, are there any special instructions? _____

If your child has a life-threatening allergy, a copy of the Emergency Treatment Form must be attached to this form.

Asthma _____ Treatment _____

I give my consent for my child, _____ to go on Merricat's Castle

School trips.

In the event of an emergency, I understand that a Merricat's teacher or chaperone will call 911. If a parent or guardian can not be contacted, I give permission to the physician, or hospital, to provide emergency treatment for my child with the understanding that the family will be notified as soon as possible.

Parent's/Guardian's Name (please print) _____

Parent's/Guardian's Signature: _____ Date _____