



St. Agnes Academy Medical Release Form

Student's First and Last Name (Printed)

Grade

I understand and support St. Agnes Academy rules regarding the Ocoee Raft Trip and I ask that my daughter be permitted to participate. I give my permission for emergency medical attention. Should my daughter sustain any injuries during the course of her trip, I realize that the school disclaims any and all responsibility.

In the event of an emergency, I authorize the chaperone to seek any emergency medical treatment deemed necessary if I cannot be contacted at the time of the emergency.

(Parent's Signature)

(Parent's signature)

I can be contacted at one of these telephone numbers, if the chaperone needs to reach me:

1. _____ 2. _____ 3. _____
(Work) (Cell) (Home)

The chaperone should be aware of this medical/physical condition (allergy, disability, physical or emotional problem):

In case it is needed, I give the following information:

Name of Insurance Company:

Policy Number:

I understand all of the school rules regarding this trip and promise to comply with them.

(Parent's signature)

(Student's signature)