



PERMISSION AND MEDICAL RELEASE

I, parent of _____ give my permission for my son/ daughter to participate in the class five field trip to Freiburg im Breisgau, from May 21st – 23rd. In the event of an emergency, I hereby give permission for the field trip teachers/ supervisors to secure proper medical treatment for him/ her.

_____ Date

_____ Signature of Parent

Name of Contact Person in the event of an Emergency: _____

Phone Number: (24 hours a day): _____

Name of alternative Contact Person in the event of an Emergency: _____

Phone Number: (24 hours a day): _____

Medical Information:

1. Does your child have any physical disability? If so, what? _____

2. Does he/she have any allergies? If so, what? _____

3. Does he/she take prescription medicine? If so, what? (Please give this to the class teacher to administer during the trip.) _____

4. May he/ she be given non-aspirin medication for headache or minor discomfort? YES/NO

5. When did he/she last have a tetanus shot? _____

6. Does he/she have any dietary restrictions? _____

7. My child's swimming ability is _____

8. Our health insurance company is _____

Policy number is: _____

Please return this form to Mr. Northouse, the class five teacher, by May 13th. Thank you.