



KPAC Field Trip Permission & Medical Release Form

I. General Information (Please Print)

Participant's Name _____ Home Phone (____) _____

Address: _____ City: _____ St: _____ Zip: _____

Date of Birth: _____ Male () Female ()

II. Medical Information

1. Person to be Notified in Case of Injury or Illness: _____

Home (____) _____ Business (____) _____ Cell (____) _____ Relationship _____

2. Alternate person to Notify in Case of Emergency: _____

Home (____) _____ Business (____) _____ Cell (____) _____ Relationship _____

3. List any Medicines to which you are Allergic _____

List any other Allergies (Bee Stings, Food, Insect Bites, Poison Ivy, etc.) _____

Nature of Reactions? _____

Do you Carry Medication for Listed Allergies? _____ Name of Medicine _____

4. List any Medical Concerns _____

III. Insurance Information

Family Physician: _____ Office Phone: _____

Insurance Policy #: _____ Company Name: _____

Name of Insured: _____

The following people are authorized to pick up my child:

Is there anyone who may NOT pick up your child? If so, list below.

IV. Signature (if participant is under 18 years of age, Parent or Guardian must sign).

My son/daughter has my permission to participate in KPAC Field Trips. They also have permission to ride the KPAC bus and/or with KPAC transportation providers and chaperones to these events. I do release KPAC, and the trip sponsors and/or chaperones from liability for injury or accident, for myself or the child listed on this sheet. I give permission to chaperones to secure proper medical attention should the need arise.

Parent/Guardian Signature

Date