

**NEW PRAGUE PUBLIC SCHOOLS  
EMERGENCY MEDICAL RELEASE FORM**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
Parent/Guardian Name Student Name

do hereby authorize, in advance, any necessary medical treatment required for our daughter/son while she/he is participating on the overnight trip.

Student's date of birth: \_\_\_\_\_

Student's social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent's home address:  
\_\_\_\_\_  
\_\_\_\_\_

Parent's home phone: (\_\_\_\_) \_\_\_\_\_

Parent's work phone: (\_\_\_\_) \_\_\_\_\_

If parents cannot be reached, contact:  
\_\_\_\_\_

Their phone number is: (\_\_\_\_) \_\_\_\_\_

Physician's name (or clinic name):  
\_\_\_\_\_

Physician's phone number (or clinic number): (\_\_\_\_) \_\_\_\_\_

Medical insurance company & policy #:  
\_\_\_\_\_

Any special medical conditions or orders:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We realize that with travel comes a possibility of injury or emergency. If an injury occurs and we cannot be reached, we release our son/daughter to the care of the bearer of this certificate. We understand there is no insurance coverage provided. If our child is sent home early, we agree to reimburse the school for all added expenses relative to that action.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature