



### Medical Release for Field Trips

This form must be in the possession of Heritage Christian School officials before the student shall be allowed to travel on any school trips outside the school. The student/parent is responsible for keeping the school informed of health situations.

I, being the parent/guardian of \_\_\_\_\_, a minor age \_\_\_\_\_, do hereby authorize, request, and give my permission for the above-named person to be treated by any physician, and/or medical facility while on any sponsored trip, and I may be unable to give my permission due to my absence or the inability of being contacted by a physician or medical facility.

Allergies or medical conditions that the school or attending physician/medical facility may need to be aware of:

---

---

If there is an emergency at school and your student must be transported to a hospital immediately, please give preference of hospital where your student is to be taken and physician name.

Hospital \_\_\_\_\_ Physician \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_  
Relationship \_\_\_\_\_  
Emergency Numbers and Names Below: Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

---

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

In and for county of Shawnee, State of Kansas  
My commission expires \_\_\_\_\_  
Notary \_\_\_\_\_