

**Mississinewa Permission/Medical Release Form**

(Please print clearly!!!)

Student Last Name: \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Emergency Contacts**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Medical Information**

Physician \_\_\_\_\_ Office Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Allergies/ Special Health Concerns

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_ ID # \_\_\_\_\_

Date of Last Tetanus Inoculation \_\_\_\_\_

Medications you are taking (including dosages)

\_\_\_\_\_

**Parent/ Guardian Emergency Medical Information**

Student Last Name: \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

I, the undersigned, do hereby authorize Dustin Jones or his designated representative, to consent (in the event that I cannot be reached), to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible of all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Guardian Permission**

I have reviewed all of the Trip Information. I have reviewed the list of expected activities and am aware of any special dangers and risks inherent on participation in this activity. I hereby give my permission of my daughter/son to participate in this activity. I have reviewed the behavior guidelines. My signature reflects my knowledge of details of the trip and its itinerary.

Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Behavior Agreement**

I have reviewed the behavior guidelines and agree to abide these rules for the duration of the Trip. I understand that in the event of a major infraction of these rules I will be sent home at my parents' expense.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_