



# MEDICAL RELEASE /TRANSPORTATION FORM 2017

**\*\* PLEASE COMPLETE ALL FIELDS \*\***

(We do not sell or give away any student or client information under any circumstances)

NAME OF MINOR:	ADDRESS OF MINOR:
BIRTH DATE:	GRADE:
PARENT OR GUARDIAN NAME:	PHONE OR CELL NUMBER:
ADDRESS (IF DIFFERENT):	EMAIL ADDRESS:

### INSURANCE AND MEDICAL INFORMATION:

MEDICAL CARRIER:	SUBSCRIBER ID:
MEDICAL GROUP (EMPLOYER NAME OR NUMBER):	FAMILY PHYSICIAN:
SPECIFIC MEDICAL ALLERGIES, CHRONIC ILLNESS OR OTHER CONDITIONS:	
PHONE NUMBER:	

### ALTERNATE CONTACT IN CASE OF EMERGENCY:

NAME:	ADDRESS:
PHONE OR CELL:	RELATIONSHIP TO MINOR:

### ALTERNATE PEOPLE WHO MAY PICK UP YOUR CHILD FROM SSS CAMP:

NAME:	PHONE:	RELATIONSHIP TO MINOR:

To whom it may concern: As the parent or guardian, I do herewith authorize the treatment by qualified and licensed medical doctor of the following minor in the event of a medical emergency which in the opinion of the attending physician may endanger the life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. I also release Summer Saturday Science Academy and SPI SESSIONS, other organization (s) and individual(s) involved of any liability for accident incurred during any of the 2017 Summer Sessions.

This release will be used the entire year, June 2017 through May 2017. This includes any transporting of child to and from any of our Friday Field Trips. This release form is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE