

Activity & Field Trip Authorization Form

Participation in Activities

I _____ am the parent/guardian of _____
and authorize him / her to participate, without restriction, in all school activities and trips organized by St.
George International College for the Summer Camp program s/he is registered for and enrolled in from
_____ to _____ .
mm / dd / yyyy mm / dd / yyyy

Injury Wavier

I, _____, understand that participation involves a certain degree of risk.
I have reviewed the list of activities provided to me and have considered the potential risks involved in the
activities and trips of the Summer Camp program. I understand that participation in the activities requires
participants to abide by the rules and regulations of the venue and of the school, St. George International
College. I hereby release St. George International College, the activity coordinators, all employees,
volunteers, and other involved parties and organizations associated with the activities from any and all
claims of liability arising out of my child's participation in trips and activities.

Medical Conditions

Please describe any medical condition, including allergies, that _____ suffers
from and necessary treatment. These include past and present medical concerns. Please check the
correct box and provide details in the space below.

1. A) The above named minor **does not** suffer from any medical conditions.
B) The above named minor suffers from:

2. A) The above named minor currently **does not** take any medication.
B) The above named minor currently takes the following medication:
(please include reason for use and dosage information)

Please provide any additional medical information, including treating physician's name and phone number if your child sees a medical doctor for the medical condition mentioned in question 1. B).

Physician's name: _____

Physician's contact information:

Emergency Contact

In case of emergency, I, _____, the parent/legal guardian request that _____ be my child's primary emergency contact person.

Emergency Contact Information

Name	Contact Information (address, phone, email)	Relation to minor
1.		
2.		

In case of emergency involving the above named minor, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the adult leader in charge of the program to find and obtain medical assistance and treatment, including hospitalization, anaesthesia, surgery, or injections of medication to the above named minor. I also authorize the disclosure of personal medical information from the medical provider to the adult leader in charge to release examination findings, test results, and treatment provided for the purposes of evaluations, follow-up, and communication with minor's parent/guardian, and/or determination of the minor's ability to continue participating in activities and the Summer Camp program.