



Event: _____

Event Date/s: _____

Participant's Name: _____

Address: _____ Zip: _____

Date of Birth: _____ Social Security #: _____

E
M
E
R
G
E
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Y

C
O
N
T
A
C
T

- First Emergency Contact Person

Parent / Guardian Name(s): _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

- Second Emergency Contact Person

Name(s): _____

Relationship to Participant: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

M
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L

Medical Insurance Coverage for Participant

Company: _____

Policy Number: _____

Participant's Medical Needs (e.g. allergies or asthma) _____

Medications, if any, Participant will have during event/trip: _____

Please note: all medications will be kept and dispensed by event chaperone.

W
A
I
V
E
R

- I do hereby waive Hill-Murray School and its duly authorized agents or staff of all responsibility in the event of any type of injury, health condition, physical problem that my son/daughter may already have or receive as a participant in this event.
- I certify that my son/daughter has no health or physical defect that will hamper his/her ability to participate in this event.
- My son/daughter is covered by health insurance adequate to cover any cost of any accident and/or injury that might occur during this event. Any costs by insurance will be my personal responsibility.
- I give my consent for my child to receive emergency medical care and/or be transported by ambulance or other conveyance to a doctor or hospital for attention and treatment.
- I have read and I understand all the aforementioned points. I give my son/daughter my permission to participate in this event fully.

Name: _____ Relationship to participant: _____

Signature: _____ Date: _____