



MEDICAL RELEASE FORM

This form will be signed and returned to the Athletic Office or your student will not be allowed to travel to the listed school sponsored event. By signing this form, you are stating that the student listed is fit to travel and, besides the contracted emergency medical travel insurance, ACS is released of all liability due to medical expenses and subsequent complications throughout the duration of the travel event.

STUDENT'S NAME

Passport #

Date of birth (MM/DD/YY)

Age

Nationality

Home Phone #

Parent's Business Phone #

Father's Name

Mother's Name

MEDICATION

List any medication(s) that your son/daughter will be taking while traveling:

- 1.
- 2.
- 3.

Please inform us of any medical problems or allergies that we should be aware of:

- 1.
- 2.
- 3.

AUTHORIZATION FOR MEDICAL TREATMENT

We, the undersigned, Parent/Guardian
do hereby authorize an empower the sponsor, coach, chaperone, or
ACS designee to make any and all decisions concerning the medical
and/or surgical care of our child Student's name

All hospitals, clinics or other similar facilities, as well as all doctors, nurses, medics, paramedics or other medical personnel may rely on the decisions and authorizations of sponsor, coach, chaperone, or ACS designee concerning whatever medical care or treatment, including surgical procedures, they deem necessary for our child.

Father's Signature

Print Father's Full Name

EXECUTED THIS DAY OF

Today's date

Mother's Signature

EFFECTIVE FROM THE TIME OF DEPARTURE TO ARRIVAL BACK TO ACS.

Print Mother's Full Name