

**SAIKAC Intra-Kingdom Travel
MEDICAL RELEASE FORM**

Student's Name: _____ Age: _____ Birth Date: _____

Home Phone: _____ Parent's Work: _____

Passport/ID #: _____ Nationality: _____ Exp Date: _____

Father's Name: _____ Mother's Name _____

*Emergency Phone Number: _____

Medication

List any medication(s) your child will be taking while traveling:

List any medical problems or allergies that we should be aware of:

AUTHORIZATION FOR MEDICAL TREATMENT

We, the undersigned, do hereby authorize and empower any of the following named persons of _____ (School Name) to make all decisions concerning the medical and/or surgical care of our child, _____ (Child's Name).

The following person(s) are authorized and empowered to-wit:

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 the above described persons concerning whatever medical care or treatment, including surgical procedures, they deem necessary for our child.

EXECUTED THIS _____ DAY OF _____, 20____. Effective until: _____

Father's Signature

Mother's Signature