

## Allergy Information/ Medical & Travel Release Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(First, Middle, Last)

Please list all any food or environmental allergies your child has here:

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### Statement of Authorization

I, \_\_\_\_\_ hereby give my permission to JEEP to call a doctor for medical or surgical care for my child \_\_\_\_\_, should an emergency arise. It is understood that a conscientious effort will be made to locate me (or custodial parent) before any action will be taken.

If it is not possible to locate us, this expense will be accepted by us. Counselors or Directors are authorized to execute all documents and other releases necessary to obtain such medical or surgical care.

I give my permission for my child to go on trips away from the premises of the school whether on foot or vehicle. I will be notified in advance of such trips.

Signature of Parent/Guardian:

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