

**Medical Authorization Form**

**Name:**

**Address:**

**Home Phone:**           **Cell Phone:**

If the above information is incorrect please correct!

Please list the person to be contacted if an emergency arrives:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

List any medical conditions or allergies: \_\_\_\_\_

---

**Field Trip Release Form**

In consideration of being permitted to participate in various field trips with College for Kids and Teens July 17 - 21, 2017, I the undersigned, in full recognition and appreciation of the dangers and hazards inherent in a trip and during transportation to and from Lycoming College, do hereby agree to assume all the risks and responsibilities surrounding my participation in the activities undertaken by my child. As an adjunct thereto; and, further I do for myself, my heirs, and personal representatives hereby defend, hold harmless, indemnify and release Lycoming College and forever discharge any and all its officers, agents and employees from and against any and all claims, demands, and actions or causes of action, on account of damage to personal property, or personal injury, or death which may result during the period of my child's participation. My child will abide by all state laws and act in a manner suitable to represent Lycoming College.

I acknowledge that while the College will make every reasonable effort to minimize exposure to known risks, all stresses and hazards associated with this activity cannot be foreseen. My child has a personal responsibility to follow safety rules and procedures established by College for Kids leaders and will make them aware at any point in which participation in the activity is questionable.

\_\_\_\_\_  
Please Print Name of Child

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date