

PARENTAL CONSENT FORM FOR LINDSEY WILSON COLLEGE ROAD TRIP

I hereby release One Mirror Inc., Lindsey Wilson College, and _____ High School staff and sponsors from responsibility and liability for any injury or illness that my child may sustain during this or any other activities of which my child participates. In the event of an emergency, I hereby authorize an adult leader of these activities, as agent for me, to consent to any medical care advised and supervised by a physician, surgeon, etc. (as appropriate). I expect to be contacted as soon as possible in case of such an emergency.

Signature of parent or legal guardian _____

Date _____

Your Child's name _____ Child's Age _____

Where he or she is attending school _____ School Grade _____

Emergency phone number _____

2nd Emergency phone number _____

Medical information: Allergies _____

Medication currently taking _____

Medical insurance company _____

Policy number _____ Member's Name _____

Please complete and give a copy to your high school youth service center coordinator, fax a copy to One Mirror Inc. 606-248-4529, and mail the original to 2920 Cumberland Ave. Middlesboro, KY 40965. Thank you and have a great time on your trip!