



Student Medical Release Form

Please complete the form below and return to a Banchi Representative via mail or fax.

Reservation Info:

First Name: _____ Last Name: _____

Age: _____ Sex: _____ Date of Birth: _____ Social Security No: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

Parents' Names: _____

Parents' Phone: _____

Emergency Contact Info:

Name: _____ Relationship: _____

Phone Number: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Medical Info:

Specific Allergies: _____

Medications: _____

Asthma: _____ Medications: _____

Diabetes: _____ Medications: _____

Epilepsy: _____ Medications: _____

Date of Last Tetanus Shot: _____

Are there any prescription / non-prescription drugs that should NOT be administered?:

Medical Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Policy Number: _____

Physician's Name: _____ Phone Number: _____

Physician's Address: _____

City: _____ State: _____ Zip: _____



Banchi Outdoor Adventures

I, the parent or legal guardian of _____ (child's name), authorize the chaperones of the _____
_____ (high school and group name) to obtain medical care for my child in the event such necessary care is needed. I understand that if possible, I will be contacted in the event that my child requires medical attention. I grant to a licensed physician or accredited hospital, permission to perform any medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for the payment of such care. I release the high school, school district, and its chaperones/employees from any damages, liability or loss resulting from their securing good faith medical care for my child. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during ski group outings.

Parent / Guardian's Signature _____ Date _____