

**2012 Summer Amazon Trip
PARENT WAIVER**

Student's Name: _____

Birthdate: _____

In case of emergency, or if parents (or aforementioned alternates) are not available, I hereby authorize the EarthKids Org Inc. or designated representative to have my daughter/son treated by a physician and/or admitted to the emergency room of a hospital.

Applicant Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

MEDICAL INFORMATION: Any known medical conditions we should be aware of

List of prescriptions and medications that you are bringing on the trip _____

EMERGENCY CONTACT INFORMATION:

Medical/Hospital Insurance Company _____

Insurance Company Phone # _____

Name of Subscriber _____

Group No. _____ Contract No. _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

Contact person (other than parent/guardian listed above):

Name _____

Address _____

Phone # _____ Cell # _____ Relationship _____

Form MUST be signed by parent/guardian if applicant is under 18 years of age.