

ABILENE CHRISTIAN SCHOOL
STUDENT TRAVEL INFORMATION

Student's Name _____

In case of emergency, contact:

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Medical Information:

Health problems _____

Allergies _____

Insurance company _____ Policy number _____

Name of policy holder _____

The undersigned parent or guardian acknowledges that participation in athletic events and field trips is voluntary and agrees to waive and release any and all rights and claims for damages against Abilene Christian Schools, and all employees and members of same, for any claim arising out of any injury to my child. I assume all risks and hazards incidental to such participation. By signing this contract, the parent consents to such participation and also verifies that adequate medical insurance is in effect during this period. In the event of AN EMERGENCY AND I CANNOT BE REACHED, I GIVE PERMISSION FOR AUTHORITIES OF ACS TO SEEK IMMEDIATE MEDICAL ATTENTION FOR MY CHILD AND/OR MAKE EMERGENCY MEDICAL DECISIONS REGARDING TREATMENT..

Signature of parent or guardian

Date