

Riverdale Elementary Medical Release Form
7391 Neshoba
Germantown, TN 38138
901-756-2300

This form is effective for May 5, 2015.

I, _____ do hereby give my permission for my child to participate in the events and activities at the Discovery Park of America in Union City, Tennessee. It is my understanding that the staff and chaperoning parents will take all necessary precautions to ensure the safety of my child. I do hereby release Germantown Municipal Schools from any legal or financial obligation due to accident or injury to my child.

Child's Name _____

Address _____

Name(s) of Parent(s)/Legal Guardian(s) _____

Home phone _____ Business phone _____

Cell phone _____ Other phone _____

Alternate person to contact in case of emergency if parent cannot be reached:

Name _____ Relationship _____

Phone _____ Other phone _____

Please describe any medical information that we may need to know about your child:

Parent Signature _____ **Date** _____

Medical History/known allergies to food, drugs, bee stings, etc.

List any medications currently taken and what condition it is taken for.

Date of last Tetanus _____/_____/_____

Physician's name _____ Phone _____

Any thing else we need to know:

Please attach a COPY of your child's insurance card to this sheet.

4/14/15 8:45 AM