

SWING SOLUTIONS TRIP INFORMATION FORM

Please carefully read and complete the following information.

PARENT/GUARDIAN INFORMATION

My child _____ (DOB) _____ has permission to participate in this trip.

Parent Name _____ Home Phone _____ Work Phone _____

In case of an emergency (only if parents cannot be reached) call:

Name _____ Relationship _____
Phone _____

CHILD'S HEALTH INFORMATION

For the safety of your son or daughter, please indicate any health conditions, restrictions or special precautions that should be taken.

Is it necessary for your child to take any medication (prescribed or over-the counter)?

YES

NO

Name of Medication _____ Dosage _____ Time to be taken _____

If it is necessary for your child to take any medicines, please send the medicine in the original container, clearly labeled with your child's name. If Swing Solutions staff will need to assist with medication administration, all medicine must be accompanied with written directions and consent from the parent (this is a state law).

Physician's Name _____ Clinic Phone _____

If I am unable to be contacted in the event of a medical emergency, I hereby authorize administration of anesthesia, treatment, and/or surgical treatment(s) for my child.

YES

NO

With my signature below, I waive and relieve Swing Solutions and its staff from liability for personal injury, property damage and wrongful death, including if caused by negligence, including the negligence of Swing Solutions, its staff or other participants.

PLEASE NOTE:

It is understood that your child is subject to the guidance and instructions of the teachers and chaperones assigned to supervise this trip.

Parent Signature _____ Date _____

