## TRAVEL/MEDICAL RELEASE/PARENTAL AUTHORIZATION FORM

Student Name		Grade	Date	
A. Authorization to Consent to Medical	Treatment			
In the event my child becomes ill or injur Academics (TCA+A) is authorized to tak people listed below; b) take my child to the hospital and give consent for emergency	e one or more of the following physician chosen by school	ng actions: a) relea	ase my child to either of th	ne
Local emergency telephone numbers if pa	rents cannot be reached:			
Name	Telephone ()	Relation	nship	
Name	Telephone ()	Relation	nship	
Doctor's Name	Of	fice Phone ()	<u> </u>	
Preferred Hospital		Telephone (	)	
Student is covered by Insurance Company	y			
Name of Insured	Insure	d's Employer		
	Group	Number		
Member ID Number		C1 . FILLE A D X	√□ N□	
Does your student have rescue medication  *TCA+A is not find.  B. Release and Authorization to Partici	nancially responsible for eme	ergency care or tra	nsportation.*	Certific
*TCA+A is not final.  B. Release and Authorization to Particial give my consent for my child to participate as swimming, dance, etc., extra-curricular, paid carriers, other representatives education, sports, and extra-curricular activation to limited to injuries such as sprains death. I understand that some sports/actival assume any responsibility in case an acceptativities and to make such trips, I HE AND HOLD HARMLESS TCA+A, its faculty, staff, employees, agents, and invitationally in the such activities and trips demands or causes of action, including a such activities and trips, including any activities.	pate in Physical Education and the in TCA+A approved/supericular activities, and approved of the school, or any parent. ivities at TCA+A my child wand fractures, and injuries the fittes have a higher risk factor ident occurs. In consideration REBY WAIVE ALL CLAIM Board of Directors, Officers, itees together with all persons (excluding paid certified carell expenses of litigation and cident or injury suffered by respect to the property of the superior of the	and Approved Transport and Approved Transport activities and travel with transport and that will be exposed to the exposed to	ravel as listed on the Medical C sportation being provided by participating in physic the risk of serious injury, brain damage, paralysis, o derstand that TCA+A doe ing permitted to take par EASE, INDEMNIFY, DE O, Directors, Administrate ts of students of TCA+A a and all liability claims, suit hich may arise in connect volved in such activities ar	by the al includion even es not t in su EFENE ors, assistin tts, tion w
Does your student have rescue medicatio	pate in Physical Education as pate in TCA+A approved/supricular activities, and approve of the school, or any parent. ivities at TCA+A my child wand fractures, and injuries the rities have a higher risk factor ident occurs. In consideration REBY WAIVE ALL CLAIM Board of Directors, Officers, itees together with all persons a (excluding paid certified carll expenses of litigation and	and Approved Transport and Approved Transport activities and travel with transport and that will be exposed to the exposed to	as listed on the Medical C sportation being provided by participating in physic the risk of serious injury, brain damage, paralysis, o derstand that TCA+A doc sing permitted to take par EASE, INDEMNIFY, DE O, Directors, Administrate ts of students of TCA+A a and all liability claims, suit hich may arise in connec	by the al includion even es not t in su EFEND ors, assistints, tion w
*TCA+A is not final and the second medication and the second medication and the second medication and the second medication as with any phase of such as such as sprains death. I understand that some sports/active assume any responsibility in case an accordination and to make such trips, I HE AND HOLD HARMLESS TCA+A, its faculty, staff, employees, agents, and invitively and the second medication and the second medication and the second medication.	pate in Physical Education and the in TCA+A approved/supericular activities, and approved of the school, or any parent. ivities at TCA+A my child wand fractures, and injuries the fittes have a higher risk factor ident occurs. In consideration REBY WAIVE ALL CLAIM Board of Directors, Officers, itees together with all persons (excluding paid certified carell expenses of litigation and cident or injury suffered by respect to the property of the superior of the	and Approved Transport and Approved Transport activities and travel with transport and that will be exposed to the exposed to	ravel as listed on the Medical C sportation being provided by participating in physic the risk of serious injury, brain damage, paralysis, o derstand that TCA+A doe ing permitted to take par EASE, INDEMNIFY, DE O, Directors, Administrate ts of students of TCA+A a and all liability claims, suit hich may arise in connect volved in such activities ar	by the al includion even es not t in su EFENE ors, assistints, tion w
*TCA+A is not final and the second medication and the such as swimming, dance, etc., extra-curricular action as swimming, dance, etc., extra-curricular action as swimming, and extra-curricular action as sports, and extra-curricular action and the such as sprains death. I understand that some sports/active assume any responsibility in case an acconditivities and to make such trips, I HE AND HOLD HARMLESS TCA+A, its faculty, staff, employees, agents, and invitivities and trips demands or causes of action, including a such activities and trips, including any accompany to the such activities and trips, including any accompany to the such activities and trips, including any accompany to the such activities and trips, including any accompany to the such activities and trips, including any accompany to the such activities and trips, including any accompany to the such activities and trips, including any accompany to the such activities and trips, including any accompany to the such activities and trips, including any accompany to the such activities and trips, including any accompany to the such activities and trips.	pate in Physical Education and pate in TCA+A approved/supricular activities, and approved of the school, or any parent. ivities at TCA+A my child wand fractures, and injuries the rities have a higher risk factor ident occurs. In consideration REBY WAIVE ALL CLAIM Board of Directors, Officers, itees together with all persons (excluding paid certified call expenses of litigation and cident or injury suffered by respect to the parent Signature	and Approved Topervised activities and travel with trans. I understand that will be exposed to not could result in a than others. I under the form of my child be MS, AND I RELIA, President & CE as, including parent rriers), from any a for settlement, when y child while investigations.	ravel as listed on the Medical C sportation being provided by participating in physic the risk of serious injury, brain damage, paralysis, o derstand that TCA+A doeing permitted to take par EASE, INDEMNIFY, DEO, Directors, Administratits of students of TCA+A and all liability claims, suithich may arise in connect volved in such activities are	by the al includion even es not t in su EFENE ors, assistin tts, tion w
*TCA+A is not final.  B. Release and Authorization to Particing I give my consent for my child to particing such as swimming, dance, etc., extra-curricular, paid carriers, other representatives education, sports, and extra-curricular act but not limited to injuries such as sprains death. I understand that some sports/active assume any responsibility in case an acc activities and to make such trips, I HE AND HOLD HARMLESS TCA+A, its faculty, staff, employees, agents, and invitivity and phase of such activities and trips demands or causes of action, including a such activities and trips, including any activities.	pate in Physical Education and pate in TCA+A approved/supricular activities, and approved of the school, or any parent. ivities at TCA+A my child wand fractures, and injuries the rities have a higher risk factor ident occurs. In consideration REBY WAIVE ALL CLAIM Board of Directors, Officers, itees together with all persons (excluding paid certified call expenses of litigation and cident or injury suffered by respect to the parent Signature	and Approved Topervised activities and travel with trans. I understand that will be exposed to not could result in a than others. I under the form of my child be MS, AND I RELIA, President & CE as, including parent rriers), from any a for settlement, when y child while investigations.	ravel as listed on the Medical C sportation being provided by participating in physic the risk of serious injury, brain damage, paralysis, o derstand that TCA+A doeing permitted to take par EASE, INDEMNIFY, DEO, Directors, Administratits of students of TCA+A and all liability claims, suithich may arise in connect volved in such activities are	by the al includion even es not t in su EFEND ors, assistints, tion w