

**Towle Institute Parent/Guardian Medical Release Form
Field Trip**

I hereby give permission for _____ to attend Towle Institute's field trip to _____ on ____/____/____. I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to my child's chaperone to secure the services of a physician to provide the necessary care, including anesthesia, for my child's well being.

Signed: _____ Telephone: _____

Address: _____

Insurance Co. _____ Policy #/Group# _____

Emergency Name and Phone Number: _____

Student's Birth date: _____

Please list any medical allergies, medication being taken, medical problems or other pertinent information:
