

WWW Medical Release Form

In consideration of my child's participation in the CAC WWW program, I agree as follows:

Name of child: _____ Grade: _____

I authorize the student named above to participate in the WWW course chosen from the Registration Form.

I authorize Cairo American College through its representative to act on my behalf in a medical emergency involving my child during his/her involvement in this Week Without Walls activity. This permission includes obtaining medical assistance, arranging for transport and/or hospital accommodation, and signing any documents related to or necessary for medical care.

I agree to pay all costs, charges, and expenses incurred in relation to providing this medical care.

I hereby release CAC and its representative from responsibility for all costs, expenses, damages and legal liability arising from their decision on my behalf. In this regard, I will not bring any suit or assert any claim against CAC or its representative as a result of any action taken pursuant to the authority granted by me above.

Student information:

Medicine Allergies: Yes No

If so, what kind? _____

Other Allergies: _____

Currently taking medication? Yes No

If so, what kind? _____

Other information? _____

Can we give your child (circle any that can be given):

Acetaminophen (Tylenol) - Ibuprofen (Advil) - Tums (Stomach) - Sudafed (Decongestant) - Pepto Bismol (for stomach) - Dramamine (motion sickness) - Benadryl (diphenhydramine - for allergic reactions) - All of the above.

Parent/Guardian Signature

Date

