



Tenley Study Center Medical and Liability Release Form

Name of Student

Date of Birth

Name of Parent or Guardian

Insurance Company Phone Number

Insurance Company

Group Number (if applicable)

Any pertinent health information, allergies, medications, etc. (attach additional information as necessary):

I, the [father, mother, guardian] (circle one) of the boy named on this form, hereby delegate authority to the Directors of the Tenley Study Center to arrange whatever medical treatment they deem necessary for him during this trip of Tenley Study Center.

I also hereby release Tenley Study Center, any private persons, or firms allowing use of their facilities or property during a trip/activity during above mentioned dates from any claims, damages, or injuries arising in connection with the trip/activity, except in case of gross negligence.

Signature

Date