

TRIP RELEASE FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

EMERGENCY CONTACT: _____ RELATION: _____

PHONE: _____(WORK) _____(HOME)

PHYSICIAN: _____ PHONE: _____

SPECIAL MEDICAL CONDITIONS AND MEDICATIONS :

CONDITION

MEDICATION TAKEN FOR THIS CONDITION

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ALLERGIES OR DRUG INTOLERANCE: _____

I HEREBY RELEASE THE PATRICK SENIOR CENTER, THE CITY OF KINGS MOUNTAIN OR ANY STAFF MEMBER FROM RESPONSIBILITY FOR MY CARE AND PERSONAL SAFETY ON TRIPS TAKEN BY ME WITH THE PATRICK SENIOR CENTER. I ALSO ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE TRIP POLICY AND I UNDERSTAND IT.

CLIENT'S SIGNATURE: _____ DATE: _____

