**EXCURSION RELEASE FORM**

Student’s Name: Centre:

Excursion:

Class: Date:

I hereby release Meadow Heights Education Centre and staff from any and all liability which may arise from my participation in the excursion mentioned above.

I have read this release form and agree to comply with it and with all Meadow Heights Education Centre policies and procedures.

**Excursion Emergency Contacts**

In the event of an emergency, please contact:

Name: Relationship:

phone:

I give my consent for a medical doctor, nurse or paramedic to provide me with any emergency treatment necessary.

Signature of student: