



The Human Development Center, Inc.  
“...ever increasing opportunities for many”



---

## Field Trip Permission Packet

### Participant General Information

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ High School: \_\_\_\_\_ Grade: \_\_\_\_\_

T-Shirt Size: (Circle one) Youth- S M Adult- M L XL XXL XXXL

### Parent/ Guardian Information:

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/ Guardian Home #: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## **Student Consent Form-Medical**

In the event of an emergency or medical treatment, I hereby give my consent, and/or authorize The Human Development Center, Inc. to provide medical services for my son/daughter. It is understood that this consent is given in advances of any specific diagnosis, treatment, or medical care being required and is to serve as a specific consent to any and all such diagnoses, treatment, or hospital care which may be deemed desirable. Medical services are approved for my son/daughter during his/her stay with the Elite and the Human Development Center, Inc.

---

**Student's Name**

---

**Date of Birth**

**Health History Information:**

List all medical conditions or allergies that we need to be aware of:

---

---

---

List all medications the student is currently taking and list any special or dietary needs required:

---

---

---

## Release of Liability Student Form

I/ We, the undersigned natural parent(s) or legal guardians(s) \_\_\_\_\_  
Name(s)

of \_\_\_\_\_, desire and consent to my/ our child  
Name

Attending field trips put on by the Human Development Center, Inc. In consideration for permitting my/our child to attend these field trips, I/we, release and discharge The Human Development Center, Inc. from any and all claims, losses, demands, and actions of every description and type which either I/we, or my/our child may have arising out of or in connection with my/our child's participation in the Elite and Human Development Center, Inc. field trips.

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Print Name (Parent/Guardian)

\_\_\_\_\_  
Print Name (Parent/Guardian)

# HEALTH HISTORY

Has the student ever had any of the following: (Answer yes or no)

Rheumatic Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bladder, Kidney	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hay Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Persistent Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pelvic Infection	<input type="checkbox"/> Yes <input type="checkbox"/> No

---

Signature (Parent/Guardian)

Date

---

Signature (Parent/Guardian)

Date

## Insurance Information

---

Name of Insurance Company

---

Effective Date of Coverage

---

Policy Holder's Name

---

Relationship to Student

---

Insurance #

---

Group # or Policy #

4222 W. Capitol Drive, Suite LL Milwaukee, WI 53216  
Phone: (414) 449-9908  
Fax: (414) 449-9912

P.O. Box 274 Milwaukee, WI 53201  
Toll Free: (866) 567-8722  
Website: [www.humdevctr.org](http://www.humdevctr.org)