

# HEALTH INFORMATION AND MEDICAL RELEASE

NAME OF STUDENT \_\_\_\_\_

NAME OF PARENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

IS YOUR SON/DAUGHTER TAKING MEDICATION? \_\_\_\_\_

WHAT KIND AND WHAT IS THE DOSAGE? \_\_\_\_\_

IS YOUR SON/DAUGHTER ALLERGIC TO ANY MEDICATION? \_\_\_\_\_

EXPLAIN ANY SPECIAL MEDICAL OR DIETARY PROBLEM \_\_\_\_\_

NAME OF INSURANCE COMPANY \_\_\_\_\_

INSURANCE POLICY NUMBER \_\_\_\_\_

DO THE TOUR CHAPERONS HAVE YOUR PERMISSION TO SECURE MEDICAL ASSISTANCE FOR YOUR SON/DAUGHTER IN THE EVENT OF ANY EMERGENCY? \_\_\_\_\_

IN THE EVENT OF AN ACCIDENT OR ILLNESS ATTENDING MEDICAL PERSONNEL HAVE MY PERMISSION TO TREAT MY SON OR DAUGHTER.

\_\_\_\_\_  
PARENT'S OR GUARDIAN'S SIGNATURE

## STUDENT AGREEMENT

MY PARENTS/GUARDIANS AND I UNDERSTAND THAT IF MY CONDUCT IS DEEMED UNACCEPTABLE BY THE CHAPERONS OR IF I AM AT ANY TIME DURING THIS TRIP IN THE POSSESSION OF OR UNDER THE INFLUENCE OF ANY DRUG OR INTOXICATING BEVERAGE, I MAY BE SENT HOME AT MY PARENTS'/GUARDIANS' EXPENSE.

\_\_\_\_\_  
PARENT'S OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
STUDENT'S SIGNATURE

**\*\* THIS COMPLETED FORM IS TO BE GIVEN TO THE ACCOMPANYING TEACHER. \*\***

**DO NOT SEND TO CLASSIC TOURS**