

HEALTH INFORMATION AND MEDICAL RELEASE

Name of student _____

Name of parent or guardian _____

Address _____

Phone _____

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Is your son or daughter taking medication? YES _____ NO _____

What kind and what is the dosage? _____

Is your son or daughter allergic to any medication? YES _____ NO _____

Please list those medications _____

Explain any special medical or dietary problem _____

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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? YES _____ NO _____

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