

# HEALTH INFORMATION AND MEDICAL RELEASE

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

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

ADDRESS \_\_\_\_\_

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

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

IF SO, WHAT KIND AND DOSAGE? \_\_\_\_\_

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

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

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

DO THE TOUR CHAPERONES 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 CHAPERONES OR IF I AM AT ANY TIME DURING THE TRIP IN THE POSSESSION OF OR UNDER THE INFLUENCE OF ANY DRUG OR INTOXICATING BEVERAGE, I MAY BE SENT HOME AT MY PARENT'S/GUARDIAN'S 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**