

MEDICAL CONSENT / BEHAVIOR AGREEMENT FORM



As the parent/legal guardian of _____, I request in my absence the above name child or adult be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, nurses, dentists, and staff, to perform any diagnostic procedures, treatment procedures, and operative procedures to the above named individual. I have not been given any guarantee as to the results of any treatment if performed on the above named individual.

I understand any financial responsibilities not covered by School Tours of America's insurance are the obligation of the participant. Pre-existing conditions and air travel are not covered under this policy.

Any representative of either _____ (School) or School Tours of America, LLC is designated to act on my behalf until I have been contacted.

Date of Birth ___/___/___ for the above named individual.

Date of last Tetanus Booster ___/___/___ for the above named individual.

List known allergies and reactions of the above named individual, including any allergies to medicine:

Note other special medical problems about the above named individual.

List medications the above named individual will bring with them.

Family Physician: _____ Phone Number: _____

Names of Parents/ Legal Guardians: _____

Address: _____

City/State/Zip: _____

Phone: H _____ W _____ Cell _____

Person Responsible for Charges (if different from above): _____

Address: _____

City/State/Zip: _____

Phone: H _____ W _____ Cell _____

Other Person to Notify if Parent/Legal Guardian is unavailable: _____

Phone: H _____ W _____ Cell _____

Insurance Company: _____ Policy or Group Number: _____

Signature of Parent/LegalGuardian: _____

BEHAVIOR AGREEMENT

I, _____ agree to comply with the rules and regulations of School Tours of America, teachers, and chaperones. I understand inappropriate action (such as bringing, purchasing, or using drugs or alcohol) during the trip will result in immediate dismissal from the trip.

Student Signature: _____ Date: _____

In the event of student misconduct, I understand the following will occur:

1. The chaperone and my child will phone home to discuss the situation.
2. If not resolved by phone, my child will be sent home at my expense.

Signature of Parent/Legal Guardian: _____ Date: _____