

☆ **MEDICAL CONSENT/BEHAVIOR AGREEMENT FORM** ☆

As the parent/legal guardian of _____, I request in my absence the named 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: _____

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/Guardian is Unavailable: _____

Phone: H _____ W _____ Cell _____

Insurance Company: _____ Policy or Group Number: _____

Signature of Parent/Legal Guardian: _____

☆ ☆ ☆ ☆ **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: _____