



Educational Tours, Inc.

Springfield Tour – Student Medical Release Form

(please print or type; if needed, please use back of form for additional response)

Tour I.D. # / School/Group Name: **#79164** / **BIG HOLLOW MIDDLE SCHOOL**

Date: **OCTOBER 8, 2010**

School student attends (if different than group name) _____

Student's full legal name _____
(first) (middle) (last)

Legal Home Address _____

City _____ State _____ Zip Code _____

Student's Date of Birth (MM/DD/YYYY) _____ / _____ / _____

Home Phone _____ - _____ - _____ Work (father) _____ - _____ - _____ Work (mother) _____ - _____ - _____

Emergency Relative _____ Phone _____ - _____ - _____

Emergency Physician _____ Phone _____ - _____ - _____

Daily Medication (please include name of drug and usage schedule) _____

Allergies (bee stings, medication, food, etc.) _____

Please check any or all of the following non-prescription drugs that the chaperones have parental/guardian permission to administer if necessary [must be provided by parent(s)/guardian(s) in a labeled container]:

Advil – Yes No Dramamine – Yes No Tylenol – Yes No

Other _____

Since this tour involves considerable walking at times, please describe any physical problems or concerns that the chaperones should be aware of: _____

IN CASE OF EMERGENCY INVOLVING MY STUDENT AND A PARENT/GUARDIAN CANNOT BE CONTACTED, I AUTHORIZE ANY CHAPERONE ASSOCIATED WITH THIS TOUR TO OBTAIN MEDICAL CARE FOR MY STUDENT. FURTHERMORE, IF THE TREATMENT IS FOR NON-TOUR-RELATED ILLNESS OR INJURY, I AUTHORIZE THE USE OF OUR FAMILY MEDICAL INSURANCE COMPANY.

Company Name _____ Phone _____ - _____ - _____

Policy # _____ Billing Address _____

Employer _____ Phone _____ - _____ - _____

Please specify fully all limitations on physical activity: _____

Parent/Guardian Name _____

Parent/Guardian Signature _____