

# MEDICAL CONSENT

Participant's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name of School/Group: \_\_\_\_\_  
Dates of Travel: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of last Tetanus shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
List and describe any known ALLERGIES, mild or severe, specific allergies to FOOD and/or MEDICATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications currently being taken: \_\_\_\_\_  
Name of Parent/Legal Guardian: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone#: Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Insurance Provider Name & Address: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Insurance Provider Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name of EMERGENCY CONTACT: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone#: Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
If needed, is it okay to give your student Tylenol, Benadryl or Dramamine? YES NO

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By signing above, I grant consent to any designated representative of the listed school or group, and/or a School Tours of America (STA) representative to authorize medical care for the above named minor. I authorize admission to any hospital or medical facility for diagnosis and/or treatment, and I request and authorize physicians, and any authorized hospital/clinic personnel, to perform any diagnostic, treatment, and/or operative procedures, as may be appropriate in emergency circumstances. I understand any medical or medical related costs not covered by the STA policy are the obligation of the parent/legal guardian of the above named minor. Pre-existing conditions and air travel are not covered under the STA policy.

Special Dietary Requirements: For liability and safety reasons, School Tours of America (STA) and its representatives cannot be responsible for directly accommodating any food allergies, or dietary requirements and restrictions, and is not responsible for any issues or problems associated with the same. All scenarios and special dietary requests regarding food and drink, including allergies, or dietary requirements and restrictions, are the sole responsibility of the participant. While most meal establishments can offer general options, STA cannot guarantee that options will be available. We recommend packing extra food/snacks in case accommodations cannot be met.

# BEHAVIOR AGREEMENT

I, \_\_\_\_\_ (Participant) agree to comply with the rules and regulations of School Tours of America, teachers, and chaperones at all times. I understand inappropriate actions, solely determined by STA, teachers and/or chaperones, (such as, but not limited to, bringing, purchasing, or using drugs or alcohol, shoplifting, etc.) at any point during the trip will result in immediate dismissal from the trip and will be sent home at my parent/legal guardian's expense and there will be no refund for unused portions of the trip.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

1. A designated chaperone and my child will call me to inform me of the situation.
2. Depending on the severity, and if it cannot be resolved by phone, my child will be sent home at my expense.
3. There will be no refund for unused portions of the trip.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*PLEASE DO NOT SEND THIS FORM TO STA - GIVE THIS FORM TO YOUR GROUP LEADER\*  
The following information is provided only to the group leader. STA and our suppliers will not have access to this information unless there is a need to know.

# LET'S GO