



Educational Tours, Inc.

WASHINGTON D.C. - STUDENT MEDICAL RELEASE FORM

(PLEASE PRINT OR TYPE. IF NEEDED, USE BACKSIDE FOR ADDITIONAL RESPONSE.)

SCHOOL/GROUP NAME: _____ DATE: _____

SCHOOL STUDENT ATTENDS *(if different than group name)* _____

STUDENT'S FULL LEGAL NAME _____

LEGAL HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH ____ - ____ - ____

HOME PHONE _____ WORK (M) _____ WORK (F) _____

EMERGENCY RELATIVE _____ PHONE # _____

EMERGENCY PHYSICIAN _____ PHONE # _____

DAILY MEDICATION *(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:

ADVIL - YES ___ NO ___ DRAMAMINE - YES ___ NO ___ TYLENOL - YES ___ NO ___
OTHER _____

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

IN CASE OF AN 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 A NON-TOUR-RELATED ILLNESS OR INJURY, I AUTHORIZE THE USE OF OUR FAMILY MEDICAL INSURANCE COMPANY.

COMPANY NAME _____ PHONE # _____

POLICY # _____ BILLING ADDRESS _____

EMPLOYER _____ PHONE # _____

IN ADDITION, ON BEHALF OF MY CHILD, I ACKNOWLEDGE THAT IN CONNECTION WITH SWIMMING AND OTHER PHYSICAL ACTIVITY I HAVE OR HAVE NOT AUTHORIZED THIS ACTIVITY AS INDICATED BELOW, AND I HAVE FULLY ADVISED THE TOUR MODERATOR (GROUP LEADER) OF ALL LIMITATIONS THAT MY CHILD MAY HAVE IN PARTICIPATING IN THE TOUR ACTIVITIES. I UNDERSTAND THAT EVEN IF LIFEGUARD(S) ARE PRESENT, SWIMMING IS AT ONE'S OWN RISK. I HEREBY RELEASE EDUCATIONAL TOURS, INC. AND THE CHAPERONES FROM RESPONSIBILITY FOR PERSONAL INJURY OR OTHER LOSS WHICH MIGHT OCCUR WHILE ENGAGING IN SWIMMING OR OTHER ACTIVITY UNLESS SUCH INJURY OR LOSS IS CAUSED BY THE GROSS NEGLIGENCE OF EDUCATIONAL TOURS, INC. OR THE CHAPERONES.

Please Check One: ___ Swimming Authorized ___ Swimming NOT Authorized

PLEASE SPECIFY FULLY ALL LIMITATIONS ON PHYSICAL ACTIVITY: _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____