

MEDICAL CONSENT FORM

As the parent/legal guardian of _____, I request in my absence the above name 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 Teeland Middle 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: _____

Name: _____

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: _____

****GIVE THIS FORM TO YOUR TOUR DIRECTOR – DO NOT SEND IT TO STA.****