

MEDICAL CONSENT PERMIT FORM

NOTE: Most medical facilities require that this form be notarized prior to treating the Student.

_____ Student's Name	_____ Contact Person (In case of emergency)
_____ Parent/Guardian's Name	_____ Emergency Phone Number
_____ Home Address	_____ Family Physician
_____ City, State, & Zip Code	_____ Family Physician's Phone Number
_____ Home Phone Number	_____ Health Insurance Company Name
_____ Parent/Guardian's Work Phone	_____ Health Insurance Policy Number

Medications Currently Prescribed: _____ Dosage/Frequency: _____ Date of Birth: _____ Allergies/Allergic Reactions to Medications: _____ Major Surgeries: _____ Date of last Tetanus Shot: _____ Acute/Chronic Medical Conditions: _____ Physical Conditions that may limit activity: _____ Special Dietary Needs: _____

PARENTAL CONSENT FORM/RESPONSIBILITY CLAUSE/MEDICAL PERMIT

I give _____ (Name of Student) permission to participate in the _____ (Destination) Tour. I understand that _____ (Name of High School) and every person involved in this tour is not to be held liable for any death, injury, damage, delay, or irregularity that may occur on this tour. If my child needs to take medications while on this tour, I give permission for him/her to do so. I understand that medications must be carried in the original (labeled) container and that prescription medications must be listed on this form. If there is an emergency, I give consent for a qualified physician to perform the necessary procedures. I understand that the staff will make every effort to contact me before any action is taken. I authorize the physician to hospitalize and use other medications as he/she deems medically needed. If a licensed physician is traveling on the tour, I authorize him/her to administer medications that may arise while on tour.

_____ Parent/Guardian's Signature	_____ Date	_____ Relationship to Student	
_____ Student's Signature	_____ Date	_____ Notary Signature	_____ Date

PERMISSION TO TRAVEL FORM

Each Student must complete this form and hand it to the Director in order to Tour with the group!

GTP provides group liability insurance coverage but does not provide Personal Insurance- We recommend that you purchase individual insurance with iTravelInsured through our website. Logon to www.grouptravelplanners.com, click on the Services Tab, under Services, click on iTravelInsured.

I give _____ (*Name of Student*) permission to travel with _____

(*Name of High School*) to _____ (*Tour Destination*).

I _____ (*Name of the person in consent*) assume all risks that may be involved in the participation of this tour and I do release, indemnify, and agree to hold harmless the above School mentioned - as well as Group Travel Planners, its agents, employees, chaperones, leaders, organizers, sponsors, and persons transporting the Student to and from their trip/activities. Neither the above mentioned School, Group Travel Planners, nor any of the said persons will be held financially responsible for any stolen property, injury, illness, or death incurred as a direct/indirect result of this activity.

I understand that if the Student becomes involved in anything that may result in punitive action, the Directors can decide to send the Student home at your expense. The Director will contact you before such an action occurs.

Group Travel Planners acts only as an agent for tour members in arranging accommodations, transportation, and other such details (*meals, sightseeing, etc.*) pertinent to the tour. Group Travel Planners may change the itinerary if necessary and is not responsible to any person/institution for any losses beyond their control (*transportation problems/airline delays*).

I, the undersigned, have read and understand all of the terms of this release and execute it voluntarily fully understanding the importance of the details of this form.

Signature of Parent/Guardian: _____ Date: _____

Home Phone: _____ Work Phone: _____