

MEDICAL CONSENT FORM

In case of an accident or illness _____
Name of Student Date of Birth

has my permission to receive emergency care of treatment if deemed necessary.

(Home Address, including your city and zip code)

(Home, work & cell phone, including area code)

(Signature of Parent)

(Printed Name of Parent)

Health Insurance Company _____

Group or Account Number _____

(Please attach copy of health insurance card and small photo of student)

Does the student have any existing medical conditions? Yes or No (please circle one)
If you circled yes, please explain further on the reverse side of this form.

Is the student currently using medication? If your answer is yes, please list them here. If more room is needed, please use the other side of this form.

- 1.
- 2.
- 3.
- 4.

Is the student allergic to any medication (s)? _____

Family Physician _____ Phone () _____

It is hereby understood and agreed upon by Educational Student Tours (EST) and its customers, that EST shall not be held responsible for any claims, losses, suits or actions arising out of acts of God, war, terrorism, strikes, damages or loss of baggage or other personal property, sickness, delay, change of airline flight schedule, or personal injury caused by persons not controlled by EST. Educational Student Tours reserves the right to accept any person(s) as a member of the group, and to pass on to the client any expenditures created by airline delays or other events not controlled by EST such as weather.