

PERMISSION FOR MEDICAL TREATMENT

Sign and return to Hemisphere by Sep 19, 2016, via email (jennifer@hemispheretravel.com), fax or mail

SCHOOL / GROUP NAME: Derby Middle School

DESTINATION and DATES: Boston Thursday, May 18, 2017 until Friday, May 19, 2017, 2 Days and 1 Night

PARTICIPANT'S FULL LEGAL NAME: _____

DATE OF BIRTH: ___/___/___

HOME PHONE NUMBER: _____ CELL/SECONDARY PHONE: _____

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN _____ PHONE# _____

PHYSICIAN'S NAME: _____ PHYSICIAN'S PHONE: _____

LIST FULLY ANY **MEDICAL CONDITIONS AND/OR PHYSICAL LIMITATIONS** PARTICIPANT MAY HAVE:

Since the group's tour leader will not receive these forms until just prior to the tour departure, please also personally inform the group's tour leader of such conditions and/or limitations, as it may require special arrangements which may alter tour components (i.e. wheelchair accessible motorcoach, food allergies, etc...)

(Please note that this trip involves considerable walking at times) _____

LIST ANY **ALLERGIES** PARTICIPANT HAS, IF NONE, PLEASE INDICATE SO : _____

LIST ANY **MEDICATIONS** PARTICIPANT MUST TAKE, INCLUDING TIME SCHEDULE: _____

(We recommend placing students' medications in a plastic bag, marked with name and given to the tour leader)

The accident insurance included as part of the tour package covers medical expenses and transportation expenses only for an ambulance to the hospital. IF MEDICAL TREATMENT SHOULD BE REQUIRED FOR A NON-TOUR RELATED INCIDENT, I AUTHORIZE THE USE OF OUR FAMILY MEDICAL INSURANCE POLICY. (A copy of the insurance card is not necessary)

INSURANCE COMPANY NAME: _____ PHONE #: _____

POLICY HOLDER NAME: _____ POLICY #: _____

It is understood and agreed that the tour sponsors and chaperones will exercise reasonable care with respect to the health and physical well-being of each participant. This permission also authorizes chaperones to observe students who must take any such medications as Tylenol, Anti-diarrhea medication or medications designed for relief of minor problems as they become necessary. I have read the foregoing and agree to the stipulations there in: I hereby authorize any medical treatment necessary & the transfer of the student or participant to any reasonably accessible hospital, pursuant to the foregoing conditions:

Parent/Guardian or Adult Participant Signature _____

Should a medical emergency prevent the tour participant (and a chaperone if the participant is under 18 years old) from traveling back with the group, I hereby give my permission for the tour participant to travel with that designated chaperone (without the group) once the participant has been released from the place where medical attention was given. For minors; the mode of return travel for a student will be determined by the both the Chaperone in charge and the Parent/Guardian of the participant. I also understand that I will be responsible for the travel expense for both the tour participant and the Chaperone (if the participant is under 18 years old) to return home. If you purchase Optional Travel Protection Insurance, part of this expense may be covered. If the Optional Travel Protection Insurance was not offered to your group, please contact Hemisphere to see what insurance coverage would be available for the type of tour you are taking.

Parent/Guardian or Adult Participant Signature _____

SWIMMING AND OTHER PHYSICAL ACTIVITIES: AS A PARENT/GUARDIAN OR TOUR PARTICIPANT, I ACKNOWLEDGE THAT IN CONNECTION WITH SWIMMING AND OTHER PHYSICAL ACTIVITY I HAVE FULLY ADVISED THE TOUR LEADER OF ALL LIMITATIONS THAT MY CHILD OR MYSELF MAY HAVE IN PARTICIPATING IN THE TOUR ACTIVITIES. I UNDERSTAND THAT SWIMMING, WITH OR WITHOUT A LIFEGUARD PRESENT, ARE AT ONE'S OWN RISK. I HEREBY RELEASE HEMISPHERE EDUCATIONAL TRAVEL, THE GROUP, THE TOUR LEADERS AND CHAPERONES FROM ANY RESPONSIBILITY FOR PERSONAL INJURY OR OTHER LOSS WHICH MIGHT OCCUR WHILE ENGAGING IN SWIMMING OR OTHER TOUR ACTIVITY UNLESS SUCH INJURY OR LOSS IS CAUSED BY THE GROSS NEGLIGENCE OF HEMISPHERE EDUCATIONAL TRAVEL OR THE CHAPERONES. **PLEASE CHECK WITH YOUR TOUR LEADER TO SEE IF SWIMMING IS PART OF YOUR GROUP'S ITINERARY.**

I HEREBY AGREE TO ALL OF THE TERMS ASSOCIATED WITH THIS RELEASE FORM.

Parent/Guardian OR Adult Participant Name (please print) _____

Parent/Guardian OR Adult Participant Signature _____ DATE _____

EVERY TOUR PARTICIPANT (STUDENTS AND ADULTS) MUST SIGN AND RETURN A SEPARATE FORM TO HEMISPHERE. THE TOUR LEADER WILL HAVE THIS FORM IN THEIR POSSESSION WHILE ON TOUR FOR EMERGENCY PURPOSES.