

**Complete this!**

**MEDICAL CONSENT**

**Return this form!**

As the parent/legal guardian of \_\_\_\_\_, I request in my absence the named child or adult 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 are not covered by Jackie’s Travel Service, Inc. and are the obligation of the participant. Pre-existing conditions and air travel are not covered under this policy. Insurance included: Yes we have included insurance for each participant for this trip.

Any representative of either \_\_\_\_\_ (School) or Jackie’s Travel Service, Inc. 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: \_\_\_\_\_

Names of Parents/Legal Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Person Responsible for Charges (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Other Person to Notify if Parent/Guardian is Unavailable: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy or Group Number \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

**BEHAVIOR AGREEMENT Don’t leave any line blank!**

I, \_\_\_\_\_ agree to comply with the rules and regulations of Jackie’s Travel Service, teachers, and chaperones. I understand inappropriate action (such as bringing, purchasing, or using drugs or alcohol) during the trip will result in immediate dismissal from the trip.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- In the event of student misconduct, I understand the following will occur:
- 1. The chaperone and my child will phone home to discuss the situation.
  - 2. If not resolved by phone, my child will be sent home at my expense.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\* Return this completed form to Jackie’s Travel with your final payment, please. \*\*\*\*\***