

### Student Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_ Male    \_\_\_ Female  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: (        ) \_\_\_\_\_ Cell Phone: (        ) \_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone: (        ) \_\_\_\_\_ Cell Phone: (        ) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone: (        ) \_\_\_\_\_ Cell Phone: (        ) \_\_\_\_\_

### Medical Information

Physician \_\_\_\_\_ Phone: (        ) \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
Insurance Policy Name and Number \_\_\_\_\_  
Know Medical Conditions and/or Restrictions \_\_\_\_\_  
\_\_\_\_\_  
Medications \_\_\_\_\_  
Allergies (drug, food, other) \_\_\_\_\_  
Other Information we should know \_\_\_\_\_  
\_\_\_\_\_

### Authorization of Consent to Treatment of Minor

(I) (We), the undersigned, parent(s)/legal guardians of \_\_\_\_\_, a minor, do hereby authorize Grand College Tours/Grand Edventures, Inc., for and on behalf of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office or said physician or at a hospital, during all times that the Minor is in the presence of Grand College Tours/Grand Edventures, Inc.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid Grand College Tours/Grand Edventures, Inc. to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

I also agree that I will be fully responsible for the cost of medical treatment and any related transportation or costs. This authorization is in affect for the complete tour dates.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_