

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 _____