

MEDICAL CONSENT & BEHAVIOR AGREEMENT

Participant's Full Legal Name: _____ Date of Birth: ____/____/____
Name of School/Group: _____ (First) (Middle) (Last)
Dates of Travel: ____/____/____ to ____/____/____ Date of last Tetanus shot: ____/____/____
List and describe any known ALLERGIES, mild or severe, specific allergies to FOOD and/or MEDICATION:

List any medications currently being taken: _____
Name of Parent/Legal Guardian: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone #: Cell: (____) _____
Home: (____) _____ Work: (____) _____ Insurance _____
Provider Name & Address: _____ Policy #: _____ Group #: _____
Insurance Provider Phone #: (____) _____ Family Physician: _____
Phone #: (____) _____ Name of EMERGENCY CONTACT: _____
Relationship: _____ Phone #: Cell: (____) _____ Home: (____) _____
Work: (____) _____ If needed, is it okay to give your student Tylenol, Benadryl or Dramamine? YES
NO

Signature of Parent/Legal Guardian: _____ Date: ____/____/____

By signing above, I grant consent to any designated representative of the listed school or group, and/or a School Tours of America (STA) representative to authorize medical care for the above named minor. I authorize admission to any hospital or medical facility for diagnosis and/or treatment, and I request and authorize physicians, and any authorized hospital/clinic personnel, to perform any diagnostic, treatment, and/or operative procedures, as may be appropriate in emergency circumstances. I understand any medical or medical related costs not covered by the STA policy are the obligation of the parent/legal guardian of the above named minor. Pre-existing conditions and air travel are not covered under the STA policy.

Special Dietary Requirements: For liability and safety reasons, School Tours of America (STA) and its representatives cannot be responsible for directly accommodating any food allergies, or dietary requirements and restrictions, and is not responsible for any issues or problems associated with the same. All scenarios and special dietary requests regarding food and drink, including allergies, or dietary requirements and restrictions, are the sole responsibility of the participant. While most meal establishments can offer general options, STA cannot guarantee that options will be available. We recommend packing extra food/snacks in case accommodations cannot be met.

BEHAVIOR AGREEMENT

I, _____ (Participant) agree to comply with the rules and regulations of School Tours of America, teachers, and chaperones at all times. I understand inappropriate actions (such as bringing, purchasing, or using drugs or alcohol, shoplifting, etc.) at any point during the trip will result in immediate dismissal from the trip and will be sent home at my parent/legal guardian's expense.

Student Signature: _____ Date: ____/____/____

In the event of student misconduct, I understand the following will occur:
1. A designated chaperone and my child will call me to inform me of the situation.
2. Depending on the severity, and if it cannot be resolved by phone, my child will be sent home at my expense.

Signature of Parent/Legal Guardian: _____ Date: ____/____/____

SAFETY AGREEMENT

I understand that while School Tours of America has undertaken reasonable steps to lessen the risk of transmission of COVID-19 during travel, School Tours of America is not responsible for risks related to COVID-19 in relation to student travel. I understand the risks associated with participating in a tour at this time. I acknowledge that my traveler has not been in contact with anyone who has been exposed to COVID-19 within the past 14 days. I also acknowledge that my traveler has not experienced any common symptoms of COVID-19, such as fever, chills, cough, shortness of breath or sore throat the past 14 days. I agree not to allow my child to travel if they are showing symptoms and will abide by COVID-19 Travel Guidelines and Restrictions.

Signature of Parent/Legal Guardian: _____ Date: ____/____/____