



# TRIP AUTHORIZATION FORM

Student's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Work Phone Numbers \_\_\_\_\_

Student's Cell Number \_\_\_\_\_ *Please list both parents' numbers, if applicable*

Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Known Allergies \_\_\_\_\_

Medications to be taken on the trip, dosage frequency & reason for taking this medication

\_\_\_\_\_

\_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

*Tape a copy of Medical Insurance Card on back (optional)*

## MEDICAL POWER OF ATTORNEY

In the event of injury or illness to my child while on The East Coast Trip, I know that I will be contacted for permission and directions regarding emergency treatment. If I cannot be contacted, I hereby appoint the supervising chaperones as our true and lawful attorney-in-fact for us and in our name, power and stead, give said attorney-in-fact full power in consent to any necessary x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to our son/daughter on the advise of any physician or surgeon licensed to practice in the jurisdiction of which our son/daughter is located.

This power ends June 25, 2016.

*Signature of parent or guardian X* \_\_\_\_\_

## BORDER CROSSING AUTHORIZATION

I give Countryside Tours, Inc. the authority to transport my child into Canada and back into the United States on June 18, 2016. My child was born in \_\_\_\_\_ (list country), is a citizen of \_\_\_\_\_ (list country) and is carrying the proper documentation.

*Signature of parent or guardian X* \_\_\_\_\_

## NOTARY STATEMENT

State of Michigan, County of \_\_\_\_\_ On this \_\_\_\_\_ of \_\_\_\_\_, 2016,

before me personally appeared \_\_\_\_\_, to me known to be the person described in act and who executed the foregoing instrument and acknowledged the same as his/her free act and deed.

Notary Public \_\_\_\_\_

\_\_\_\_\_, Michigan

My commission expires: \_\_\_\_\_

Countryside Tours, Inc. • P.O. Box 48 • Sand Lake, Michigan 49343 • 616.636.4628

*Lowell*