

Emergency Medical Release

THIS FORM SHOULD BE COMPLETED AND RETURNED TO YOUR TEACHER

Participant's Name _____ Birthdate _____

Street Address _____ City _____ State _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (____) _____ Bus Phone (____) _____

Cell Phone (____) _____

Mother's Name _____ Home Phone (____) _____ Bus Phone (____) _____

Cell Phone (____) _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone (____) _____ Bus Phone (____) _____

Name _____ Home Phone (____) _____ Bus Phone (____) _____

Allergies _____ Last Tetanus _____

**WorldStrides cannot be responsible for accommodating any food allergies.*

Other medical conditions _____

Medication being used (include dosage/frequency) _____

Present state of health _____

Family Physician _____ Phone (____) _____

Medical/Hospital Insurance Company _____ Phone (____) _____

Policy Holder's Name _____ Policy Number _____

AUTHORIZATION FOR TREATMENT OF MINOR

I, the undersigned, understand and acknowledge that every effort will be made to contact the parents in case of an emergency, and, if possible, before any medical treatment is administered. In the event of an emergency or if the parents cannot be notified, I hereby give permission to the Program Leader or the Sheridan staff to secure proper treatment for my child, including having access to any and all medical records. If necessary, this includes selection of physicians and medical treatment facility who are then authorized to perform such medical treatments as deemed necessary to protect the health of my child.

Sheridan cannot be responsible for accommodating any food allergies, requirements or restrictions and is not responsible for any problems associated with the same. All issues with regard to food and drink, including allergies, requirements and restrictions are the sole responsibility of the participant.

In the event of any emergencies during the trip, the undersigned hereby grants authority to be exercised at the discretion of the Sheridan staff to dispense over-the-counter medication.

Date

Signature of Parent/Guardian

Please return this form to Mr. Smith or Mrs. Cordray no later than October 31st.

STUDENT RULES AND REGULATIONS PERSONAL BEHAVIOR CONTRACT

Domestic

The Washington D.C. tour you have elected to attend offers many unique opportunities and experiences. Beyond the educational benefits, the tour offers opportunities to form new friendships and to meet the challenges of independence.

We at Sheridan promote a tour atmosphere where chaperones and students support one another with genuine respect. As a student participant, it is your responsibility to help make the tour a positive and enjoyable experience for yourself, fellow students, and chaperones. All participants are expected to demonstrate high standards of conduct and to accept personal responsibility and consequences for their actions. You are expected to exhibit honesty, courteousness and consideration toward others. This includes those in your group, as well as anyone else with whom you may come in contact, such as Motorcoach Drivers, guides and restaurant and hotel staff.

Our goal at Sheridan is to make this trip an educational, safe, and enjoyable experience for everyone. We require your cooperation and commitment to the following behavior standards to help us meet this goal.

We expect the student/participant to obey the following rules of behavior:

- ❖ The student is to follow the directions and the rules and regulations established by the student code of conduct and chaperones both prior to and during the tour.
- ❖ The student shall not be involved in any way with smoking, alcohol, illegal drugs, vandalism, theft, or any other type of behavior that is judged by the chaperones to be detrimental to the health, well-being, safety, or reputation of him/herself or anyone else in the group including the chaperones or Sheridan.
- ❖ The student shall comply with all rules and regulations of the various governmental and vendor agencies (such as hotels, motorcoach companies, etc.).
- ❖ The student shall remain with the group at all times unless, and only if and when, the chaperones specifically allow you free time.
- ❖ The student shall follow the directions of the Sheridan staff/chaperones.
- ❖ The use of hotel facilities carries with it the responsibility of leaving them in the same conditions in which they were found. The student is responsible for any damage.
- ❖ Quiet hours at the hotel will be observed from 10:00 p.m. until 6:00 a.m. At 10:30 p.m. students must be in their own rooms. Students must remain quietly in their rooms until awakened by chaperones.
- ❖ The student may never leave the hotel unless accompanied by a chaperone.
- ❖ The student must sleep in his/her assigned hotel room each night.
- ❖ Good common sense, respect and consideration for others and their property should be practiced daily.

If the student should violate any of these rules, he/she may be sent home at the sole discretion of the chaperones. In such cases, the parent/guardian will be contacted and the student sent home at the parent's expense.

Student Contract

I have read, and I understand the behavior rules and regulations of Sheridan. I agree to comply with all of these rules and regulations.

Student signature _____ Date _____

Parent Contract

I have read, and I understand and support the rules and regulations of the Sheridan tour. I represent that my child or ward has read the rules and regulations and has agreed to comply with all of them. It is understood that the signature on this behavior contract of one parent or guardian implies the consent of the other.

Parent signature _____ Date _____