

FORMS

Uniform Statement of Responsibility, Release, and Authorization to Participate on International Travel Programs

Trip and Dates: _____

Name of Child: _____

Date of Birth: _____

Parent/Guardian Names(s):

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Dad (Work): _____

Mom (Work): _____

Mom (Cell): _____ Dad(Cell): _____

Emergency Contacts and Medical Information

If Parents Can Not be Reached:

First Contact:

Name: _____ Relationship: _____

Phone: _____

Second Contact:

Name: _____

Relationship: _____ Phone: _____

Family Health Insurance

Company: _____

Group Number: _____

Policy Number: _____

Family Physician or Clinic: _____

Phone: _____

Contact Information for Parents During Trip Dates if Different Than Above

When

Where

Contact Numbers

MEDICAL INFORMATION AND PERMISSION FOR MEDICAL TREATMENT

Please answer the following to the best of your knowledge (consult your physician if necessary).

a) Please list any known allergies of your child.

b) My child is presently on the following medications and will need to take the medications while on the trip

c) List all major and minor medical issues that the chaperones should know about (e.g. motion-sickness, seizures). This includes emotional and psychological concerns.

d) Please list all special dietary requirements.

e) Please specify restrictions on physical activities

f) Please indicate any over-the-counter medication that you **do not** want the chaperones to dispense to your child (please refer to the list of medications that may be included in the trip leader's first aid kit)

Please **initial** next to the following statements to acknowledge your agreements:

a) My child is in good health and may participate fully in all planned activities except those I provided in Part 1 of this form. _____

b) My child has received all required immunizations for this trip. _____

c) In case of a medical emergency arising during my child's trip, trip chaperones are authorized to take him/her to a doctor or hospital for treatment (chaperones will make every effort to contact parents should any problems arise). _____

d) Except the items listed in Part 1, I give permission for the chaperones to dispense over-the-counter medication as needed. _____

e) I understand that it has been recommended to me to check with my child's pediatrician to ensure that my child is up-to-date on necessary protections against diseases such as Tetanus, Polio, MMR, Typhoid, and Hepatitis, as well as any required immunizations for the trip. _____

STUDENT CONDUCT

Student understands that he/she must comply with all rules and regulations of this study tour program, including:

1. Assume full financial responsibility for travels during this program.
2. Be responsible for full program costs as stated in the withdrawal and refund schedule if student withdraw from the program for any reason once the program has commenced, unless otherwise stated in the program refund policy.
3. Agree voluntarily and without reservation to indemnify and hold harmless Francis Parker School from any and all liability, loss, damages, costs, or expenses which do not arise out of the negligent acts of omissions of an employee or agent of the School while acting within the scope of their employment or agency.
4. Realize that medical insurance coverage that is applicable outside the San Diego area is required for participation in the program and that the student's family is responsible for obtaining appropriate coverage.
5. Grant full authority to the School's chaperones or agents to act *in loco parentis* to safeguard and preserve student's health and safety, at student's expense, if required. This includes returning to San Diego at the family's expense for medical treatment or in case of an emergency.

6. Agree to conform to all written standards as established by Francis Parker School, including the rules in the School Handbook, to insure the best interest, harmony, comfort, and welfare of the program.
7. Accept termination of participation in the program with no refund of fees and accept responsibility for transportation costs home if student fails to maintain acceptable standards of conduct.

Specifically, student agrees to abide by all the following rules:

1. Obey all curfews that are set.
2. Understand that property destruction and theft will not be tolerated. Breakage will be charged to those individuals responsible.
3. The purchase or use of alcoholic beverages, tobacco, or illegal drugs will result in me being sent home at my parent's expense or in subsequent disciplinary procedures.
4. No sexual activity is permitted
5. No hitchhiking or operating of a car, motorcycle or any type vehicle is permitted.
6. Behavior will be positive and mature and reflect cooperation and courtesy toward each other, the chaperones, and host families.
7. Skipping any designated activity is not permitted.
8. Going out alone is not permitted.

Student will follow all regulations throughout the trip or may be sent home at the expense of parents.

Student understands that he/she is representing their family, community, and school and will maintain the highest standard of conduct.

GENERAL INFORMATION FOR FOREIGN TRAVEL WITH THE SCHOOL

1. Parker will use the emergency forms that you completed for Francis Parker School as the basic source for all medical related information. Parents should double-check the information on these forms to make sure they are up-to-date. In addition, all parents and participants should not hesitate to inform us of other pertinent health-related information on this form.
2. If a participant plans to bring personal medications for the trip, the chaperones should be alerted regarding the type of medication, its purpose, and the quantity to be administered. For Middle School students, all medications will be controlled and administered by chaperones.
3. In case of emergency, chaperones will use their best judgment to obtain the proper medical treatments for the participants. In all situations requiring major medical decisions, chaperones will make all efforts to contact the parents before carrying out the treatments.
4. Water quality varies from country to country. Unlike the United States, water may not be potable. You may want to bring along a water bottle where you may store filtered water for your consumption. As a rule, all participants should be cautious as to what they eat and should not experiment with food that appears unsanitary (from food stands on the street, etc.).
5. The trip leader will have a first aid kit for the group that will include basic medications such as Tylenol, Pepto-bismol, Band-Aids, etc. If parents agree to allow the chaperones to dispense these or other over-the-counter medications to your child, please give the proper authority by indicating in the Medical Information and Permission portion of this form. You should also consult your physicians as to other personal medicine your child may want to bring on the trip.

PARENTAL RELEASE

In signing this form, I hereby certify that the above information is correct and give permission for my child to participate in the above named function. I give permission for the release of medical records to an attending physician in case of injury or illness. In the event that I or the Emergency Contacts cannot be reached, I do hereby give permission for any agent of Francis Parker School to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such a need arises. I further give permission for any attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and I agree to pay for all medical treatment.

I further release Francis Parker School and its faculty, staff, volunteers and agents from any claim that my child may have or that I may have against them as a result of injury and illness incurred during the participation of the above activity.

I further agree to indemnify and hold harmless Francis Parker School and its faculty, staff, volunteers and agents from any and all claims arising from my participation in this activity or as a result of injury or illness of my child during such activity. I also understand that my child's school account will be billed for all related travel costs, i.e. plane reservations, hotel costs, transportation charges and any other related expenses. I understand that any behavior that compromises the health, well-being or safety of the group (use of drugs, alcohol, breaking rules) may result in my child being sent home at my expense.

I have read the above Parental Release and am fully familiar with its contents. I hereby agree that this Permission/Medical Waiver Form shall be binding upon me, my family, and legal representatives.

I hereby grant permission for my child _____ to make a tourist visit to _____ (fill in destination) in the care of _____ (fill in names of Trip Leader). I understand that Francis Parker School and its chaperones will take all necessary precautions but cannot be held responsible for unforeseen accidents.

Participant's Signature

Date

Signature of Parent or Guardian

Date

NOTARIZED PARENT/GUARDIAN APPROVAL FOR CHILD TO TRAVEL

I/We, the parents/guardian(s) of _____ (“Child”), hereby confirm that I/we agree that our Child, may travel to _____ from _____ to _____ (dates of travel). I/we hereby authorize our Child to travel in the company and care of _____ (name of Parker trip leader) and that the Chaperone may change the arrangements or destinations, as the Chaperone deems necessary or appropriate.

Signature of Parent: _____

Date: _____

Print Name: _____

Signature of Parent: _____

Date: _____

Print Name: _____

Signature of Guardian
(if other than parents): _____

Date: _____

Print Name: _____

State of California)
) ss.
County of _____)

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: _____

(seal)

State of California)
) ss.
County of _____)