

Pathway Tours Inc.

1750 W. Ogden Ave. #5495

Naperville, IL 60567

(630) 577-7594

www.pathwaytoursillinois.com

MEDICAL TREATMENT PERMISSION FORM

GROUP NAME: CONRADY JR HIGH SCHOOL

DESTINATION: WASHINGTON, D.C.

TOUR DATE(S): MARCH 20 - 25, 2020

PARTICIPANTS LEGAL NAME: _____ DATE OF BIRTH: _____ GENDER: M F

PARENT/LEGAL GUARDIAN NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

PHYSICIAN'S NAME: _____ PHONE: _____

PLEASE LIST ANY MEDICAL CONDITIONS AND/OR PHYSICAL LIMITATIONS THE PARTICIPANT HAS (this trip requires considerable amounts of walking):

LIST ANY ALLERGIES PARTICIPANT HAS:

LIST ANY MEDICATIONS PARTICIPANT MUST TAKE:

PLEASE CIRCLE ANY OF THE FOLLOWING NON-PRESCRIPTION DRUGS THAT THE CHAPERONES HAVE PERMISSION TO ADMINISTER IF NECESSARY:

ADVIL DRAMAMINE TYLENOL OTHER: _____

In case of an emergency involving the participant and a parent/guardian cannot be contacted, I authorize any chaperone associated with this tour to obtain medical care for my child. Furthermore, I authorize the use of our family medical insurance policy.

INSURANCE COMPANY NAME: _____ PHONE: _____

POLICY HOLDER NAME: _____ POLICY #: _____

Pathway Tours Inc. does not allow swimming on any trip.

I hereby release Pathway Tours Inc., the group, the tour leaders and chaperones from any responsibility for personal injury or other loss which might occur while engaging in tour activities unless such injury or loss is caused by the gross negligence of Pathway Tours Inc. or the chaperones.

PARENT/GUARDIAN OR ADULT PARTICIPANT NAME (Please print): _____

PARENT/GUARDIAN OR ADULT PARTICIPANT SIGNATURE: _____ DATE: _____

Every tour participant must sign and return a separate form to Pathway Tours Inc. prior to attending the tour. These forms will be carried by a chaperone while on tour for emergency purposes.