

## Attention Group Leader New Requirement

Scholastica Travel Inc. is now required by our insurance carrier to collect Medical Proxy/Permission forms for all student tour participants.

School Permission Forms with a Medical Proxy clause are acceptable. This Medical Proxy form gives permission to the chaperones and independent tour leaders to authorize emergency treatment, if required, while on tour. Forms must be signed by the student's parent or legal guardian and dated.

If you do not have a form and require one, please see the sample form below.

We will accept any of the following:

- ✓ Our preference is to receive a copy of completed forms prior to your tour
- ✓ If you do not keep the forms after the tour, you may send the original forms to Scholastica Travel upon completion of your tour
- ✓ Scanned copy of forms on a disc or cd

*In lieu of the forms, we will accept a letter on school letterhead, signed by the principal of the school stating that the medical proxy forms will be available to Scholastica Travel Inc for up to 5 years after the trip in the event of a legal proceeding.*

**Scholastica Travel Inc., 601 S Main Street, Greensburg, PA 15601-3018**

### MEDICAL PROXY/PERMISSION FORM

NAME OF GROUP: \_\_\_\_\_ DATE OF TRIP: \_\_\_\_\_

DESTINATION: \_\_\_\_\_ NAME OF TOUR PARTICIPANT: \_\_\_\_\_

I hereby give permission to my child, \_\_\_\_\_ to accompany the faculty advisers of the above tour for the days indicated. I will hold neither the school nor any of the faculty advisers accompanying this group responsible for any accidents or injury to my child. The chaperones and Independent Tour Leaders on this tour have my permission to take my child to the nearest hospital for emergency treatment if required. (List special medical problems on the back of this form). My son/daughter shall comply with all the rules set forth by the chaperones or be removed from the trip and sent home at my expense.

MOTHER'S/GUARDIAN'S SIGNATURE: \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

FATHER'S/GUARDIAN'S SIGNATURE: \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

NAME & PHONE NUMBER OF NEAREST RELATIVE: \_\_\_\_\_

I have listed special medical problems on the back of this form: \_\_\_\_\_ yes \_\_\_\_\_ no