Kingwood Oxford School & Team Tobati
Student Travel Form

Student Name: _____ page 1

I. Parent/ Guardian Acknowledgement

I, (please print) _____, hereby acknowledge that I am a custodial parent or legal guardian of the student listed above and give permission for my child to participate in the Team Tobati trip from March 13 through March 23, 2016. The trip is from West Hartford, CT to Tobati, Paraguay.

I will complete all applicable sections accurately and truthfully.

I authorize the publication and use of my home, work and cell phone numbers for an emergency list.

Signature: _____ Date: _____

Home Phone: _____ Work: _____ Cell: _____

Second Custodial Parent or Legal Guardian:
_____

Home Phone: _____ Work: _____ Cell: _____

II. General Health Concerns

Does your child have any health concerns including physical handicaps and/or limitations on activities, allergies, medications or mental health issues?

☐ **NO**... Initial here: _____ Please proceed to No. III.

☐ **YES**... Please complete the following section.

NOTE: We may seek additional information directly from school records or employees and/or your physician. This document will remain confidential and will later be destroyed.

Please list health concerns:
_____
_____
_____
_____

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III. Dietary Information

Does your child have any dietary restrictions (allergies, vegetarian, religious)?

☐ **NO**... Initial here: _____ Please proceed to No. IV.

☐ **YES**... Please complete the following section.

NOTE: Special meals will be arranged based on any information given here.

Please list health concerns:

_____
_____

IV. Authorization for Emergency Medical Treatment

In case of a medical emergency, my child may be given necessary medical treatment at the nearest hospital, emergency room or immediate care clinic. I understand that I will be contacted by a chaperone as soon as reasonably possible. I acknowledge that I am financially responsible for any health care expenses and/or transportation costs for my child that may result from any such emergency treatment.

Parent/Guardian Signature: _____Date: _____

Health Insurance Provider: _____ Phone: _____

Group Number: _____ Member Number: _____

If there are any ways to facilitate our contacting you, please state them:

_____
_____

V. Medications

Does your child take any medication(s)?

☐ **NO**... Initial here: _____ Please proceed to No. VI.

☐ **YES**... Please complete the following section.

NOTE: We may seek additional information directly from your physician. This document will remain confidential and will later be destroyed.

Acknowledgement of Policy Regarding Student Medications

Students who need to take any medication while on the trip must supply a written order from a doctor or dentist, as well as parental permission. Medication must remain in its original container. Parents should discuss with their physician and the trip chaperones the appropriate procedure for refill/replacement, should this become necessary during the trip.

I hereby permit that the medication ordered by a physician for my child be self-administered. I assume responsibility for granting permission for my child to self-administer medication as approved and instructed by the physician.

Parent/Guardian Signature: _____Date: _____

List of Medications

(Attach a completed Physician's Orders form for each medication taken by your child.)
I am attaching (number) _____ Physician's Orders forms for the following medications (please list):

1. _____ 4. _____
2. _____ 5. _____
3._____ 6. _____

VI. Acknowledgement of Consequences of Inappropriate Behavior

I recognize and accept that my child may be sent home from any point in the itinerary should his/her behavior become unacceptable to the chaperones. This includes – but is not limited to – possession or use of alcohol or an illegal drug, fighting, vandalism, lewd behavior, sexual activity, voluntarily accompanying others who engage in inappropriate behavior, stealing and refusing to obey a chaperone. Subsequent disciplinary action will be determined by the dean of students upon return.

I also understand and accept that I may be financially responsible for any extra costs incurred in transporting my child home early, including the cost for a chaperone, should it be necessary.

International participants are subject to the laws of the host country. In case of arrest and/or detention by the authorities, the responsibility of KO and the chaperones and is limited to notifying the U.S. Embassy and parents and informing them of the situation.

Parent/Guardian Signature: _____Date: _____

Student Name: _____ page 4

VII. Safety Concerns and/or Parental Restrictions

Are there any potential safety concerns (e.g., non-swimmer, behavior issues) or restrictions (e.g., religious or cultural practices) that may potentially be an issue during this trip?
You do not need to repeat health, dietary and/or medication concerns previously listed.

☐ NO... Initial here: _____

☐ YES... Please complete the following section.

Please list health concerns:

_____
_____
_____
_____

Physician's Orders

TO BE COMPLETED AND SIGNED BY PHYSICIAN

Patient's Name: _____

Date of Birth: _____

Condition Necessitating Medication: _____

Name of Medication: _____

Dosage and Frequency: _____
_____

Relevant Side Effects and Management: _____
_____
_____
_____
_____
_____

I have conferred with this child's parents and feel that this medication may be self-administered. The child has been appropriately instructed regarding self-administration.

Signature of Physician: _____

Date: _____

Physician's Name, Address and Phone Number (may be stamped)
_____
_____
_____
_____