



Medical Form & Healthcare Proxy
for Chaperone / Adult Tour Participants

COLD SPRING HARBOR HIGH SCHOOL
82 TURKEY LANE COLD SPRING HARBOR NY 11724 631-367-6834
Washington D C 4 days - 5/22/2017

Name
Date of Birth Cell Phone #
Address
Town Zip
Home Phone with area code
Medical Insurance Company AND Policy Number
Doctor Phone Number
State any allergic reactions to medications or serious food/environmental issues:
State any medications being brought on the trip, including dosage and schedule:
State any pertinent medical history needed in the event of a medical emergency:

Other Emergency Contacts and Phone Numbers:

- 1) Name Phone Number
Relationship
2) Name Phone Number
Relationship

In the event emergency medical treatment is needed for me, I (parent/guardian) of (insert student name) hereby give permission to the physician selected by the directors or their authorized representatives, to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for me as named above, at my sole cost and expense. I waive any and all recourse against COLD SPRING HARBOR HIGH SCHOOL and Fantastic Tours & Travel or it's authorized representatives; the whole in accordance with the general conditions stipulated in the application for enrollment. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Signature Name (print)