



## **Recreational & Educational Tours**

Your Student Travel Experts since 1983

### **Consent of Parent or Guardian**

I, the parent, custodian or guardian of

hereby AUTHORIZE AND CONSENT to my child's attendance and participation in a trip under the care and supervision of Recreational & Educational Tours, Inc. I understand that although my child will be under the care of the aforesaid Corporation, said Corporation cannot take responsibility for any injuries or damages incurred by my child or as a result of the intentional, negligent or malicious conduct of my child during said trip, and I hereby fully RELEASE AND DISCHARGE said Corporation for any and all injuries or damages incurred by my child.

CANCELLATION POLICY: Deposits are NON-REFUNDABLE in any case. Any Non-Refundable expense incurred by us on your behalf will be forfeited. Trip cancellation insurance is available upon request. By participating on the trip, your child's picture may be used in promotional information which may appear on the internet, unless otherwise instructed

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_, 20\_\_\_\_

Dated

Student's Grade

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(School)

E-Mail: \_\_\_\_\_

### **Consent For Emergency Medical Treatment**

In the event that reasonable attempts to contact me at the numbers below have been unsuccessful or in the event that time does not allow such attempts, I hereby authorize and consent to any emergency examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care upon the advice of any licensed physician and the consent of the authorized representative of Recreation & Educational Tours, Inc. Accident insurance is provided for all participants for medical expenses resulting from injuries incurred on the trip.\* details of coverage available upon request.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Alternate Phone)

List any medical conditions, allergies or other medical information that should be supplied to any acting physician should an emergency arise.

Health Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

\* ATTENTION: Some buses may be equipped with seat belts.  
Please advise your child to use these while the bus is in motion