

International Travel Guidelines – Parent or Legal Guardian

- Agreement & Release

Approved Date: Oct.2015

Effective Date: Oct.2015

Responsible Office: Chief Financial Officer

Revised:

Purpose: Parent(s) or Legal Guardian(s) Agreement and Release form for my student(s) participation in the below noted international trip/program. Please see the completed International Trip Guideline form for this specific trip – a corresponding trip number has been assigned to ensure trip documents correspond.

Trip Leader/Organizer: S. Downes/ R. DaSiva

Trip No.: _____ (provided by Tabor)

Rep(s) or Chaperones: See International Trip Guidelines

Purpose of Trip: Service & Volunteerism

Primary Mode of Transp.: Flight (International), Local Trans.

Period of Travel: June 10, 2016 June 21, 2016
Start (Day/Time) End (Day/Time)

Country Detail

Trip Destination: Seim Reap Cambodia (primary country and area to visit)

In Trip Country visit: Shanghai China (subsequent country and area)

In Trip Country visit: _____ (subsequent country and area)

In Trip Country visit: _____ (subsequent country and area)

Student Information: _____
Name age ID number

Student Information: _____
Name age ID number

Student Information: _____
Name age ID number

International Travel Agreement and Release for Student Participation

Agreement – I, the parent or legal guardian of the above-named student, hereby consent to allow my child to participate in the above named trip. I hereby authorize the Tabor Trip Leader and/or Tabor Trip Representative(s) (Trip Organizers) to enforce all rules, regulations, and expectations in accordance with the approved Tabor Academy Student Handbook. I hereby acknowledge that I have read the Student Handbook and have discussed it with my child/children. I agree that if the Trip Organizers decide that my child/children should be sent home, I will accept their decision and assume the necessary additional expenses for my child's/children's return trip. If my child/children is/are sent home for failure to abide by the terms of the Student Handbook, I agree that he or she may travel alone on the return trip. If my child is sent home for medical reasons, I agree either to permit my child/children to travel alone or promptly to make my own arrangements for my child/children to be accompanied on the return trip.

Release – I understand that Tabor Academy and the individual Trip Organizers cannot and will not assume responsibility for damage to or loss of property, personal illness or injury, or death arising out of any part of the program. I further understand that Tabor Academy and the Trip Organizers do not and cannot assume responsibility for refunding trip costs should the U.S. State Department recommend that, due to impending war or other action, travel to above identified countries by U.S. citizens is neither safe nor recommended.

Responsible Office: Chief Financial Officer

Revised:

I therefore agree to release and indemnify Tabor Academy and the School's Board of Trustees, agents, and employees from any and all claims, including reasonable attorneys' fees and costs, brought by anyone claiming to have been injured or damaged as a result of my child's/children's participation in the above identified trip, or relating to any injury to my child/children as a result his/her participation in the above identified trip.

By signing this form, I acknowledge the following: 1) I have read and agreed to the foregoing; 2) the activities noted have been satisfactorily explained to me, I have all of the information I desire, and understand what I have read and what has been explained to me; and 3) I hereby give my authorization and consent to my child's/children's participation in the above identified trip.

Signature of Parent or Legal Guardian _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____

Authorized Alternate Contact or Emergency Contact:

- Name(s) & Relationship ⁽¹⁾: _____
- Address ⁽¹⁾: _____
- Telephone No ⁽¹⁾: _____

- Name(s) & Relationship ⁽²⁾: _____
- Address ⁽²⁾: _____
- Telephone No ⁽²⁾: _____

- Name(s) & Relationship ⁽³⁾: _____
- Address ⁽³⁾: _____
- Telephone No ⁽³⁾: _____

Affidavit

I [enter Parent(s) or Guardian(s) complete and formal name(s)] _____ and _____

Parent or guardian of above named student(s), do hereby authorize, above named Tabor Faculty Lead Organizer and Representative to travel as a *School Guardian* above named student(s); to the above named countries without Parent or Legal Guardian accompanying named student(s).

Medical: I/We ☐ Have; ☐ Do Not Have Major Medical Insurance that will cover above named student(s) for medical treatment outside the United States; and that I/We ☐ Authorize; ☐ Do Not Authorize the above named person to make medical treatment decisions for the above named student(s) listed above if needed. If not, an Alternative or Emergency Contact has been provided (above):

Signature: _____

Signature: _____

Signature of Non-Traveling Parent(s) or Legal Guardian(s) • To Be Signed in Front of a Notary Public Only

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International Travel – Permission for Medical Care

- A. I hereby authorize the Tabor Academy Trip Leader and Tabor Representative(s) identified above to act on my behalf, in my absence, and in the event I cannot be contacted, to give consent to necessary diagnostic procedures, immunizations, and medical and/or minor surgical treatment for my child/children identified above

Signature of Parent or Legal Guardian _____

Date _____

Signature of Parent or Legal Guardian _____

Date _____

B. Health/Medical Information

- Allergy _____
- Allergy _____
- Medications _____
- Medications _____
- Special Diet _____
- Other Issues _____

C. Vaccination

- DPT _____ (date)
- Typhoid _____ (date)
- Hepatitis A _____ (date)
- Hepatitis B _____ (date)
- Polio _____ (date)

- D. In rare instances a medical or surgical emergency may arise which requires legal consent for treatment by parents or legal guardians, but the appropriate people may not be located and contacted. On those occasions, and in order to avoid a delay which might jeopardize the life or recovery of a student, we request that you sign the following permission with the understanding that we will make every effort to contact you or the identified Authorized Alternate or Emergency Contact should an emergency arise. I hereby authorize the release of the following information to the chaperones attending the trip: medical diagnosis; allergies; and medications. I further authorize my child to self-administer prescribed medication during the trip.

- E. I hereby grant permission for the Tabor Academy Trip Leader and Tabor Representative(s) identified above to act on my or our behalf and to give consent, in the event that it becomes necessary, for anesthesia and emergency medical or surgical procedures on my child/children identified above, in the event that he/she is unable to contact me, when further delay of treatment may jeopardize his/her life or delay recovery. In the event that my child receives treatment in a hospital, I agree to give that hospital permission to send copies of all reports to the family's primary care physician at the below contact information:

Name: _____

Address: _____

Office Number: _____

Mobile Number: _____

Call In Service: _____

Email: _____

Signature of Parent or Legal Guardian _____

Date _____

Signature of Parent or Legal Guardian _____

Date _____