

Belgian Exchange Program Emergency Medical Release

Student/Chaperone Name _____ Birthdate _____

Street Address _____ City _____ State _____ Zip _____

Travelers Cell Phone: _____

EMERGENCY INFORMATION

Name _____ Relationship to Student/Chaperone _____

_____ Home Phone () Cell Phone () _____

Name _____ Relationship to Student/Chaperone _____

_____ Home Phone () Cell Phone () _____

MEDICAL INFORMATION

Allergies _____ Last Tetanus _____

COVID-19 Vaccine Date: 1st Dose _____ 2nd Dose _____ J&J ___ Moderna ___ Pfizer Other medical

conditions _____ Medication

being used (include dosage/frequency) _____

Present state of health _____

_____ Family Physician

_____ Phone () _____ Insurance

Company _____ Phone () _____ Policy Holder's Name

_____ Policy Number _____

AUTHORIZATION FOR TREATMENT OF MINOR

I understand and acknowledge that every effort will be made to contact the parents in case of an emergency, and, if possible, before any medical treatment is administered. If an injury or emergency occurs during the trip, a chaperone has my express permission to administer or authorize the administration of urgent or emergency care, including the transportation of the student to an urgent care or emergency care provider. Any urgent or emergency care provided has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. I further give my permission for Chaperones to have access to medical records relating to any treatment contemplated or received by my child and to provide such information, as necessary, to health insurance carriers.

In the event of any emergencies during the trip, the undersigned hereby grants authority to be exercised at the discretion of the Program Leader or chaperone to dispense over-the-counter medication.

Dated:

Parent/Guardian Signature