

H. K. Tours - Health Consent & Release Form

1. Complete all pages and make a copy.
2. Complete the form and provide the copy of the form to your child's health-care provider for review and completion.
3. After it had been completed and signed by your child's health-care provider, return form to H. K. Tours by the requested date.
4. Please attach a copy of immunization/vaccination record & health certificate
5. Send the original, signed form to H. K. Tours by requested date.

Dates will attend (Day/Month/Year): From: _____ To: _____ Male/Female: _____

Student Name (Passport): First: _____ Middle: _____ Last: _____

Student Home Address: _____

Parent/Guardian to be contacted incase of emergency:

Name: _____ Relation to student: _____ E-mail: _____

Telephone (Home): _____ Telephone (Office): _____ Mobile: _____

Home Address: _____

Contact if Parent/Guardian can not be reached

Name: _____ Relation to student: _____ E-mail: _____

Telephone (Home): _____ Telephone (Office): _____ Mobile: _____

Is the camper under the care of a physician for any condition(s)? If so, for which condition(s)? _____

Current treatment (include any medications & dosage to be administered to the student: _____

Any allergies (food, plants, insects etc.): _____

Any activities from which parent(s)/guardian(s) want child excluded: _____

Additional health information/Activities to be limited: _____

Parent/Guardian Authorization for Health Care:

The health history is correct and accurately reflects the health status of the student to who it pertains. The person described has permission to participate in all activities except as noted by me and/or an examining physician. I give permission to the physician selected by the tour to order x-rays, routine tests, and treatment related to the health my child for both health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with tour staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Parent/Guardian: _____ Date: _____