

MEDICAL RELEASE & ACKNOWLEDGMENT FORM

Please detach and submit this form with initial deposit.

SECTION I

The responsibility for your child's medical treatment, in the event of an illness or injury, lies with his or her chaperones, and not with VISIT CANADA or its guides or escorts. For this reason, you should directly inform your child's chaperones of any special medical issues pertaining to him or her. This is necessary and appropriate because of the chaperones' more intimate familiarity with your child and their first-hand knowledge of your wishes.

VISIT CANADA, will do its best to pass on to our guides any significant information provided below about **pre-existing medical conditions (including allergies)** that might be useful in assisting the school's chaperones if medical care becomes necessary. You may also indicate if your son or daughter has a serious dietary restriction, or if he or she is a strict vegetarian. In most cases, special meals (including vegetarian meals) can be ordered for your child, if prior notice is given, but it may be impossible to change the menu at the restaurant once the group arrives for dinner.

Medical Condition(s) _____

Serious Dietary Restriction(s) and/or Food Allergies _____

(Attach a statement with additional details if necessary)

Your Daytime & Evening Phone Numbers _____

SECTION II

I have read and understand the "Dear Parent" letter, and the travel documentation requirements, and I agree to all terms and conditions herein, and hereby release VISIT CANADA and my child's teacher and/or group organizer and/or school system from liability for any loss or damage arising from events beyond their control (including but not limited to those cited in the "Dear Parent" letter). Additionally, VISIT CANADA has my permission to use my child's photograph in its promotional literature, and I hereby grant permission to the group organizer or its chaperones to authorize a dentist, physician or hospital to perform any medical, surgical or dental work necessary to ensure the health of my child while on this tour.

Finally, I have discussed the rules of safety and hotel etiquette with our son or daughter, and by affixing our signatures below, we acknowledge the importance of these rules, and our child hereby agrees to observe them.

Student's Name _____ Age/Sex _____

School _____

Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Print Parent/Guardian's Name _____

Email Address _____ Parent Home Phone _____