



STUDENT MEDICAL INFORMATION

When completing this form, be sure to include all requested information and signatures. Submit with application. FAX completed form to **203-318-0511**, or mail to **U. Tours, P.O. Box 149, Madison, CT 06443**.

Student's Name: _____

Physician's Name: _____ Phone: (____) _____

Medical Insurance Company: _____ Policy #: _____

Telephone #: _____

In the event of emergency, please notify...

1) Name: _____ Phone: (____) _____

Cell: (____) _____ Relationship: _____

2) Name: _____ Phone: (____) _____

Cell: (____) _____ Relationship: _____

I hereby authorize my child to take the following medications as prescribed by my child's physician:

Medication:	Dosage:
_____	_____
_____	_____
_____	_____

Please list any allergies, food or otherwise:

Are there any medical conditions or restrictions? yes no If yes, please explain: _____

My child does* does not need supervision regarding his/her medical conditions or disbursement of medication.

*please provide specific instructions: _____

I hereby give my consent for any emergency medical treatment needed by my child in the case of illness or injury while participation in a U-Tours LLC program. I agree to hold U. Tours LLC and its employees and agents harmless from any injury or sickness occurring during or as a result of the program. I also agree that I will be fully responsible for the cost of any and all medical treatment and any related transportation.

Parent/Guardian

Date

* U Tours, LLC makes no representations, warranties or guarantees regarding the acceptance and admission of any student to any college or university part of any tours. Furthermore, all participation by any student in any tour is subject to the rules and conditions in the application.

U-Tours.com

P.O. Box 149

Madison, CT 06443

203-245-TOUR | fax 203-318-0511

info@U-Tours.com