

Educational Travel Services, Inc.

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Health and Medical Release Form

All tour participants must fill out this form to complete your registration.

Your registration form will be returned if it is not completed on both sides, signed and dated.

You will be asked to complete a more detailed and updated health form just prior to departure.

Health and Medical Release Form

Traveler's Name _____ Trip # _____ Date of Birth _____

List any pertinent history, chronic medical problems, special instructions or dietary needs:

List all allergies:

In the event of any emergency, the chaperone and/or Educational Travel Services representative may have my permission to seek the best possible care available. All attempts will be made to contact a parent or legal guardian immediately. I understand that the cost of such emergency care and/or transportation to emergency facilities or back home is my responsibility.

Signature _____
(If traveler is a minor, this must be signed by a parent / legal guardian)

Date _____