

20<sup>th</sup> Century Tours, Inc.  
4489 Mahoning Ave.  
Youngstown, Ohio 44515  
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Medical Proxy/Permission Form

NAME OF GROUP: STOW HIGH SCHOOL      DATE OF TRIP: NOVEMBER 23-25, 2018      DESTINATION: NEW YORK CITY

NAME OF TOUR PARTICIPANT: \_\_\_\_\_

I hereby give permission to my child, \_\_\_\_\_ to accompany the chaperones and independent tour leaders of the above tour for the days indicated. I will hold neither the school nor any of the chaperones and tour leaders accompanying this group responsible for any accident or injury to my child. The chaperones and independent tour leaders on this tour have my permission to take my child to the nearest hospital for emergency treatment if required. My son/daughter shall comply with all the rules set forth by the chaperones or be removed from the trip and sent home at my expense. If a student leaves the tour at any time, all return expenses will be assumed by the student's parent/guardian. An attempt will be made to secure the return of monies for unused hotel rooms, meals, etc., for a student leaving the tour. Refunds: a complete refund will be made of deposits up to 45 days prior to departure (less any payments for meals, lodging, transportation and attractions made by 20<sup>th</sup> century tours that cannot be recovered). Within 45 days of departure, we will refund whatever amount the tour company can still recover. Full refunds will always be given if a replacement is available.

MOTHER'S/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

FATHER'S/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

NAME & PHONE/CELL # OF NEAREST RELATIVE: \_\_\_\_\_

(To be used in case of an emergency if the Mother, Father or Guardian cannot be reached)

**Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which we should be alerted. (List any additional medical problems or medications on the back of this form).**

Allergies: \_\_\_\_\_ Health concerns: \_\_\_\_\_

List medications and times taken: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

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**\*This form will be turned over to 20<sup>th</sup> Century Tours\***