

2024 Youth Music Abroad: Emergency Medical Information & Waiver

CONTACT INFORMATION

Student Full Name: _____

Last, First, Middle

Address: _____ City, State & Zip _____

Student Cell Phone: _____ Date of Birth: _____ Age: _____ Gender: _____

Student will have the following in Europe: _____ Texting _____ Calling _____ Data

EMERGENCY CONTACT: PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____ Cell Phone: _____

Parent/Guardian 2 Name: _____ Cell Phone: _____

MEDICAL INFORMATION

Height: _____ Weight: _____

Does the student have any long-term medical conditions such as diabetes, epilepsy, asthma, etc? _____ Yes _____ No

If YES, describe condition and treatment:

Does the student take any medications, injections, or use an inhaler? _____ Yes _____ No

If YES, list below: (attach additional documentation as needed)

Medication	Dosage	Frequency

Does the student have any non-food allergies (drugs, environmental, etc.) _____ Yes _____ No

If YES, indicate what the student is allergic to and describe the reaction/treatment:

Does the student carry an epi pen? _____ Yes _____ No

Does the student wear glasses? _____ Yes _____ No

Does the student wear contact lenses? _____ Yes _____ No

Continue on other side

Do you give permission for your child to receive the following (check all that apply)

Ibuprofen (ex. Advil) Acetaminophen (ex. Tylenol)
 Antacid (ex. Tums/Mylanta) Benadryl (for allergic reactions, bee stings, etc.)

Date of last tetanus shot: _____

DIETARY REQUIREMENTS

Does the student have any food allergies or dietary restrictions for medical/religious purposes?

Yes No

List any specific food allergies & severity	List any specific dietary restrictions for medical/religious purposes

Indicate specific dietary needs:

NOTE: By selecting any of the following options, it is understood that alternate meal selections will be prepared for you (when applicable) and you will not be able to substitute otherwise.

Vegetarian Gluten Free
 Lactose Intolerant Other - Specify:

CONSENT AND WAIVER

I hereby give permission for my child _____ (hereinafter, "Student") to be seen and medically treated, in my absence, by a licensed physician or other medical professional due to sickness, illness or injury that may occur while traveling with Youth Music Abroad when such treatment is deemed necessary by the Youth Music Abroad directors, medical staff or chaperones.

I hereby agree, on behalf of the Student and his/her other parent, legal guardians, personal representatives, agents, successors, heirs and assigns, to waive any and all liabilities, claims, counterclaims, damages, demands or causes of action that the Student or I may have against Notable Student Travel, Youth Music Abroad directors, medical staff or chaperones whether asserted or unasserted, whether now known or hereafter discovered, whether statutory, in contract or in tort, as well as any other kind of character or action now held, owned or possessed (whether directly or indirectly) by the Student or me, which may arise or relate to participation of the Students in the 2024 Youth Music Abroad program.

Parent's/Guardian's Signature

Print Parent's/Guardian's Name

Date

Student's Signature

Print Student's Name

Date