



WorldStrides®

Emergency Medical Release

THIS FORM IS TO BE COMPLETED AND RETURNED BY ALL PARTICIPANTS

Dates of travel: August 8-11 or August 22-25 (circle one)

Participant's Name _____ Birthdate _____

Street Address _____ City _____ State _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (____) _____ Bus Phone (____) _____

Cell Phone (____) _____ Email _____

Mother's Name _____ Home Phone (____) _____ Bus Phone (____) _____

Cell Phone (____) _____ Email _____

Allergies _____ Last Tetanus _____

Dietary Restrictions _____ Physical Limitations _____

Other medical conditions _____

Medication being used (include dosage/frequency) _____

Present state of health _____

Family Physician _____ Phone (____) _____

Medical/Hospital Insurance Company _____ Phone (____) _____

Policy Holder's Name _____ Policy Number _____

AUTHORIZATION FOR TREATMENT OF MINOR

I, the undersigned, understand and acknowledge that reasonable efforts will be made to contact the parents in case of an emergency, and, if possible, before any medical treatment is administered. In the event of an emergency or if the parents cannot be notified, I hereby give permission to the Program Leader or the WorldStrides staff to secure treatment for my child. If necessary, this includes selection of physicians and medical treatment facility who are then authorized to perform such treatments as deemed medically necessary. I further give my permission for WorldStrides staff to have access to medical records relating to any treatment contemplated or received by my child and to provide such information, as necessary, to health insurance carriers.

WorldStrides cannot be responsible for accommodating any food allergies, requirements or restrictions and is not responsible for any problems associated with the same. All issues with regard to food and drink, including allergies, requirements and restrictions are the sole responsibility of the participant.

In the event of any emergencies during the trip, the undersigned hereby grants authority to be exercised at the discretion of the Program Leader or chaperone to dispense over-the-counter medication.

_____ Date

_____ Signature of Parent/Guardian

THIS FORM IS TO BE COMPLETED AND RETURNED TO YOUR TRAVEL PROVIDER FOR THE PROGRAM LEADER:

Email: juliego@GETtravel.com or FAX: 407-855-1887

Student Rules and Regulations

Personal Behavior Contract

The WorldStrides tour you have elected to attend offers many unique opportunities and experiences. Beyond the educational benefits, the tour offers opportunities to form new friendships and to meet the challenges of independence.

We at WorldStrides promote a tour atmosphere where chaperones and students support one another with genuine respect. As a student participant, it is your responsibility to help make the tour a positive and enjoyable experience for yourself, fellow students, and chaperones. All participants are expected to demonstrate high standards of conduct and to accept personal responsibility and consequences for their actions. You are expected to exhibit honesty, courteousness and consideration toward others. This includes those in your group, as well as anyone else with whom you may come in contact, such as Motorcoach Drivers, guides and restaurant and hotel staff.

Our goal at WorldStrides is to make this trip an educational, safe, and enjoyable experience for everyone. We require your cooperation and commitment to the following behavior standards to help us meet this goal.

We expect the student/participant to obey the following rules of behavior:

- ❖ The student is to follow the directions and the rules and regulations established by the chaperones both prior to and during the tour.
- ❖ The student shall not be involved in any way with smoking, alcohol, illegal drugs, vandalism, theft, or any other type of behavior that is judged by the chaperones to be detrimental to the health, well-being, safety, or reputation of him/herself or anyone else in the group including the chaperones or WorldStrides.
- ❖ The student shall comply with all rules and regulations of the various governmental and vendor agencies (such as airlines, hotels, motorcoach companies, etc.).
- ❖ The student shall remain with the group at all times unless, and only if and when, the chaperones specifically allow you free time.
- ❖ The student shall follow the directions of the Program Leader, chaperones, and WorldStrides staff.
- ❖ The use of hotel facilities carries with it the responsibility of leaving them in the same conditions in which they were found. The student is responsible for any damage.
- ❖ Quiet hours at the hotel will be observed from 10:00 p.m. until 6:00 a.m. At 10:30 p.m. students must be in their own rooms. Students must remain quietly in their rooms until awakened by chaperones.
- ❖ The student may never leave the hotel unless accompanied by a chaperone.
- ❖ The student must sleep in his/her assigned hotel room each night.
- ❖ Good common sense, respect and consideration for others and their property should be practiced daily.

If the student should violate any of these rules, he/she may be sent home at the sole discretion of the chaperones. In such cases, the parent/guardian will be contacted and the student sent home at the parent's expense.

Student Contract

I have read, and I understand the behavior rules and regulations of WorldStrides. I agree to comply with all of these rules and regulations.

Student signature _____ Date _____

Parent Contract

I have read, and I understand and support the rules and regulations of the WorldStrides tour. I represent that my child or ward has read the rules and regulations and has agreed to comply with all of them. It is understood that the signature on this behavior contract of one parent or guardian implies the consent of the other.

Parent signature _____ Date _____

THIS FORM IS TO BE COMPLETED AND RETURNED TO YOUR TRAVEL PROVIDER FOR THE PROGRAM LEADER

Email: julieqo@GETtravel.com or FAX: 407-855-1887

2019 Coolidge Senators Summit

MEDIA RELEASE

I hereby grant permission to the Calvin Coolidge Presidential Foundation to use my child or ward's photograph, video, or image on its World Wide Web site or in other official printed publications without further consideration, and I acknowledge the Foundation's right to edit or treat the photograph or video at its discretion. I also acknowledge that the Foundation may choose not to use my photo or video at this time, but may do so at its own discretion at a later date.

I also understand that once my child or ward's image is posted on Coolidge Foundation website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims all employees, volunteers, and agents of the Calvin Coolidge Presidential Foundation.

The Calvin Coolidge Presidential Foundation reserves the right to discontinue use of photos without notice. For additional information, please refer to the Coolidge Foundation's privacy policy on its website:

Signature of Student Participant

Date

Signature of Parent or Legal Guardian
(Required if student is under age 18)

Date

Calvin Coolidge Presidential Foundation
www.CoolidgeFoundation.org
Email: juliego@GETtravel.com or FAX: 407-855-1887