



Emergency Health Care Decisions (Student)

We _____ and _____, are the parents / legal guardians of
Parent / Legal Guardian Parent / Legal Guardian

_____ of _____, _____ (“the Student”),
Name of Student City / Town State/Country

who will be traveling on a trip organized by ENGLISH EXCURSIONS, LLC to

_____ from _____ to _____.
Trip Destination Departure date Return Date

In the event of a health care emergency concerning the Student, please contact

_____ at _____.
Name of contact person E-mail / phone

If said contact person cannot be reached within a reasonable time in light of the nature of the health care emergency, or if medical attention is required immediately, I authorize

ENGLISH EXCURSIONS, LLC STAFF to arrange for medical treatment for the Student. If, in such
Name of Group

situation, the Student is unable to make health care decisions for himself/herself, then I

authorize ENGLISH EXCURSIONS, LLC STAFF to make such decisions on behalf of the Student.
Name of Group

Signature of Parent or Legal Guardian

Date _____

Printed Name of Parent or Legal Guardian

Relationship to Student

Signature of Parent or Legal Guardian

Date _____

Printed Name of Parent or Legal Guardian

Relationship to Student

Witnesses

_____ of _____, _____
Name City / Town State

_____ of _____, _____
Name City / Town State

