



PERMISSION PACKET FOR **COLUMBUS ACADEMY**  
 OFF-CAMPUS PROGRAMS AND TRIPS, INCLUDING PROGRAM  
 DESCRIPTION, AGREEMENT WITH RELEASE FROM LIABILITY,  
 AND OTHER INFORMATION AND PERMISSION FORMS

For any **Columbus Academy** domestic or international program, preseason training trip, with an overnight stay (hereinafter "Program"), participating students and their parents/legal guardians ("Parents"), must review the information in this packet and sign and submit Forms 1-9, including Form 2 "Agreement, Including Assumption of Risks and Release from Liability, Indemnification, and Acknowledgement of Risks".

Please complete all of the forms as indicated, **make a copy for your personal records**, and return them to the Program Leader(s) as designated in the Program Description. Failure to do so may result in difficulties with your son or daughter's ability to participate in the Program.

Included in this packet are the following:

- Program Description: This description has been prepared by the Program Leader(s) and provides a general overview of the Program, trip insurance and travel, including the itinerary.
- FORM 1: Permission Form to Travel with Program Leader(s) (for students under 18)
- FORM 2: Agreement, Including Assumption of Risks and Release from Liability, Indemnification, and Acknowledgement of Risks
- FORM 3: Acknowledgement of the **Columbus Academy** Off-Campus Program and Travel Cancellation Policy
- FORMS 4, 4A, 4B, 4C, 4D, 4E and 4F: Parental Medical Authorization (for students under 18), Medical Authorization (for students 18 or older), Health Information Form, and Travel Medicine Consultation Form (Form 4C is for international travel only), Authorization for Student Possession and Use of Medication, Medical Self-Assessment, Authorized Over-The-Counter Medications
- FORMS 5 and 5A: Insurance Information and Personal and Supplemental Insurance Information Forms
- FORM 6: Passport Information Form (for international travel only)
- FORM 7: Emergency Contact Form and Permission for Release of Information and Use of Photographs with Identifying Information
- FORM 8: Student Trip Code of Conduct
- FROM 9: "Smart" Phone Agreement

**THESE DOCUMENTS HAVE IMPORTANT LEGAL CONSEQUENCES  
 DO NOT SIGN THEM UNLESS YOU HAVE READ THEM AND KNOW WHAT THEY MEAN**

*Note also that the School needs the original signed documents; the Program Leader(s) may be required by a hospital or by international authorities to produce documents with original signatures.*

Student Last Name: \_\_\_\_\_



**FORM 1: PERMISSION TO TRAVEL  
WITH PROGRAM LEADER(S)  
(FOR STUDENTS UNDER 18)**

To Whom It May Concern:

I/We, the parents/legal guardian(s) of \_\_\_\_\_ hereby confirm that I/we  
Name of Child ("Child")

agree that our Child may travel to and participate in the \_\_\_\_\_.  
Activity/Location/Dates

I/we hereby authorize our Child to travel with \_\_\_\_\_,  
Name(s) of Program Leader(s)

and we agree that the Program Leader(s) may change the arrangements or destinations, as the Program  
Leader(s) deem necessary or appropriate.

**This Form must be signed by at least one Parent or Legal Guardian.**

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Legal Guardian  
(if other than parent): \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



## FORM 2: AGREEMENT, INCLUDING ASSUMPTION OF RISKS AND RELEASE FROM LIABILITY, INDEMNIFICATION, AND ACKNOWLEDGEMENT OF RISKS

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**PLEASE READ THIS DOCUMENT CAREFULLY. It affects the legal rights of the Student and the Student's parents or legal guardians in the event of a claim for injury, loss or damage related to the Student's participation or enrollment in the Program as described in the attached Program Description ("Program"). Participation in the Program is voluntary. The Student may choose not to participate or enroll or may instead choose to participate or enroll in a different program offered by *Columbus Academy* or by another organization. A decision not to participate or enroll in the Program will not adversely affect the Student's academic record, credits or standing, or graduation from *Columbus Academy*.**

**Please contact the Program Leader to discuss any questions about the Program, this Agreement, or any of its provisions. Please also consult your legal counsel to make sure you understand this Agreement.**

### **The Agreement and the Parties**

This Agreement, Including Assumption of Risks and Release from Liability, Indemnification, and Acknowledgement of Risks ("Agreement") incorporates by reference the Program Description and Forms 1-9. The Parties to the Agreement are the "Student," the Student's parent(s) or legal guardian(s) ("Parents"), and ***Columbus Academy*** ("School") (referred to collectively as "the Parties").

Students who are 18 or older who sign this Agreement represent that they understand the activities and risks of the Program, choose to participate in the Program, and understand that they are legally bound by the Agreement.

Students who are under the age of 18 years who sign this Agreement acknowledge that they have read and discussed this Agreement (including the related Forms) with their Parents, understand the activities and risks of the Program, choose to participate in the Program, and understand that by signing this Agreement the Students are, to the fullest extent permitted by law, legally bound. At least one Parent must sign this Agreement on behalf of a Student who is not at least 18 years old (even if the Student will turn 18 before the Program has concluded). The Parent further acknowledges that the Parent is releasing any and all claims arising from the Student's participation in the Program as outlined in the Assumption of Risk and Release from Liability against the School and others.

At least one Parent of every Student, regardless of the Student's age, must also sign this Agreement and by signing the Parent acknowledges that the Parent has read and understood the Agreement and is legally bound by the Agreement.

In consideration of the School offering the Program and permitting the Student to enroll and participate in the Program, the Parties understand, acknowledge and agree as follows:

**Risks and Acknowledgments**

The Student and the Parents have read and understand the Program Description. They acknowledge and understand the risks to the Student personally and to the Student's property, which may result in the Student's serious or permanent bodily injury or death, and they understand that the risks to the Student can be a consequence not only of the Student's acts or omissions but also of the actions or negligence of the School (including its staff, employees, agents and representatives), other participating students, independent contractors or third parties, or travel conditions or equipment.

Further, they acknowledge and understand that travel generally, activities associated with it, and the Program have inherent risks which cannot be eliminated without changing or destroying the nature of the activities and the Program.

If the Program involves international travel, they acknowledge and understand that participation in the Program involves traveling and staying in a foreign country, traveling by various modes to and within a foreign country, eating and drinking local food and drink, and being subject to local customs, laws, services, and authorities.

The Student and his/her Parents understand that they are responsible for investigating and evaluating the risks that the Student may face, including but not limited to inherent risks. If the Program involves international travel, this includes, without limitation, responsibility for 1) reviewing the websites of the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services ("CDC") and the U.S. State Department concerning health and other travel risks, cautions and warnings, and recommendations, and (2) consulting with a physician or appropriate specialist for advice on the risks in the travel and recommendations for appropriate precautions. If the Program involves international travel, the Student and his/her Parents represent to the School that they have investigated the travel risks, consulted with others and evaluated the risks, and taken all health precautions for the Student they deem necessary or advisable. The Student and his/her Parents, on behalf of their minor child and for themselves, agree that any activities the Student may take part in, whether as a component of the Program or separate from it, will be considered to have been undertaken with the Student's and his/her Parents' approval and understanding of any and all risks involved.

They acknowledge and understand that they are responsible for requesting any additional information they need to determine whether the Student will enroll and participate in the Program, and for determining the Student's suitability for participation in the Program. They acknowledge that the School's staff has been available to answer questions about the nature and demands of these activities and their inherent and other risks.

If the Student is a minor, they acknowledge that they have read and discussed with each other the Agreement and the Program, including the inherent risks of the Program, and the Student understands the activities and risks and, with the consent of his/her Parents, voluntarily chooses to participate.

### **Conduct and Adherence to Standard**

The Student is subject to the School's rules and policies as set forth in the **Columbus Academy** student handbook as well as to the rules and policies of any host school, company, or organization that may be involved in the Program. Consumption of alcohol is not permitted even if it is lawful for the Student to do so in the country in which the Student is traveling. The possession, consumption, or use of alcohol or illegal drugs will not be tolerated. A Student who violates the rules and policies or fails to comply with the instructions and guidance of the Program Leader will be subject to School disciplinary action up to and including termination of participation in the Program or expulsion from the School.

If the Program involves international travel, the Student will be subject to the laws of the country in which the Student is studying or traveling; in many foreign countries, the possession or use of illegal drugs is punishable by fine, imprisonment, and/or deportation.

### **Financial Obligations**

If there are additional fees for the Program, the Parents will pay amounts due by the specified date(s) and will abide by the School's refund policies on Program and travel fees as stated on Form 3. If the Student is receiving an East Asia Travel Grant from **Columbus Academy**, the Student and the Parents will ensure that the School's Director of the East Asian Studies Program has the necessary information and paperwork to apply the grant towards the cost of the Program.

### **Student's Suitability to Participate in the Program**

The Parents and the Student represent that they have provided complete and accurate medical information to the School on Form 4B, the Health Information Form, and have made the School aware of any physical, psychological or emotional conditions that might render the Student unable to participate in the Program and its activities, that might reduce or impair the ability of the Student to react to emergencies or situations requiring a quick response, or that might otherwise cause the Student's participation to present a risk or danger to him/herself or to other participants.

### **Independent Contractors**

The School may contract with one or more independent contractors to provide services or equipment for the Program or for a Student, and the Student and the Parents agree that the independent contractor and not the School is responsible for any claim arising from the services and equipment provided by the independent contractor.

### **Program Modification and Cancellation**

As provided on Form 3, the School reserves the right to cancel or modify the Program before or during its operation for any reason.

### **Termination of Participation**

In its sole discretion, the School may terminate the Student's participation in the Program at any time. Reasons for termination may include, but are not limited to, conduct or other behavior by the Student inconsistent with the School's rules and policies as stated in the **Columbus Academy** student handbook or otherwise deemed detrimental to the best interests of the Program, emergencies, or health or safety conditions or considerations. As provided on Form 3, if the School terminates the Student's participation because of the Student's misconduct, the School will arrange for the Student to return, the Parents will be responsible for the costs of any return transportation, and the School is not required to make any refund.

**Representation and Indemnification by Parent Signing on Behalf of the Student**

A Parent (defined above as including a Guardian) of a Student who has not reached the age of 18 years and who signs this Agreement on behalf of the Student represents to the School that the Parent is authorized to act on behalf of and legally bind the Student and that the signature or agreement of the other Parent is not required. The Parent agrees to hold harmless and indemnify the Releasees from claims by the other Parent or any other person on behalf of the Student.

**Governing Law; Forum and Venue**

This Agreement shall be construed in accordance with, and governed by, the laws of the **State of Ohio**, notwithstanding its choice of law principles. The Student and the Parents agree that any lawsuit arising out of or related to this Agreement or the Program or activities that are the subject of this Agreement must be brought and maintained only in the **State of Ohio**.

**Severability**

The Student and the Parents understand and agree that, if any provision of this Agreement or the application thereof is held invalid, the invalidity shall not affect other provisions or applications of this Agreement which can be given effect without the invalid provisions or applications. To this end, the provisions of this Agreement are declared severable.

**Construction and Scope of Agreement**

The language of all parts of this Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against any party. This Agreement is the entire and complete agreement of the parties relating in any way to the subject matter hereof. This Agreement supersedes any earlier written or oral understandings or agreements between the parties.





**FORM 3: ACKNOWLEDGEMENT OF  
COLUMBUS ACADEMY OFF-CAMPUS PROGRAM  
AND TRAVEL CANCELLATION POLICY  
(FOR ALL STUDENTS)**

I understand that, although the School will attempt to maintain the Program as described in the Program Description, it reserves the right to cancel or change the Program for any reason. Decisions to suspend or cancel a program are made by the Program Leader(s), the **Columbus Academy** administration, and the Office of International Programs staff, including, if the Program is international, in-country **Columbus Academy** staff, officials at partner institutions, the State Department, and other governmental officials. Such a decision is dependent on a number of factors including, among others:

**1. Minimum enrollment levels for Columbus Academy-sponsored Programs.**

**Columbus Academy**-sponsored programs normally require a minimum enrollment of students at the registration deadline and thereafter in order to function. This enrollment figure will be publicized by the Program Leader(s) and may be reviewed on a case-by-case basis depending on the Program details.

**2. Conditions in-country or surrounding areas.**

This includes, but is not limited to U.S. State Department travel warnings for the country where the program will take place. For more information, visit the State Department site: <http://travel.state.gov/travel>.

*Cancellation Policy is as follows with regard to Program fees:*

1. If **Columbus Academy** cancels a Program, whether before or after it commences, the School will refund program fees (including airfare), except those that the School is unable to recover.

2. If **Columbus Academy** does not cancel a Program but the Student chooses to withdraw from a Program for any reason, the School will handle the situation on a case-by-case basis regarding refunds. The Student and his/her parents/legal guardians will be responsible for covering all non-recoverable contractual obligations.

3. If **Columbus Academy** does not cancel a Program, but terminates the Student's participation in the program because of his/her failure to abide by all policies, rules, and regulations of the School and the host school, company, or organization or all rules, regulations, and laws of the countries to be visited, or if **Columbus Academy** terminates the Student's participation in the Program because of the Student's inappropriate conduct, as determined by the Program Leader(s) and/ or **Columbus Academy** officials, the Student and his/her parents/legal guardian are not entitled to any refund. Additionally, in such circumstances, the Student and his/her parents/legal guardian are responsible for costs of return airfare.

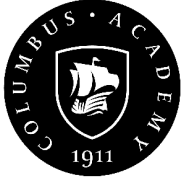
\_\_\_\_\_  
Student signature (in BLUE ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian signature (in BLUE ink)

\_\_\_\_\_  
Date





**FORM 4: PARENTAL MEDICAL AUTHORIZATION FORM**  
(FOR STUDENTS UNDER 18)

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I am the legal parent or guardian of \_\_\_\_\_ (my "child"), who was born on \_\_\_\_\_, \_\_\_\_\_ and who is currently less than eighteen (18) years of age as of the date of this form.

I understand that, in the United States, in the event of a medical emergency threatening my child's life or limb, no informed consent is required for my child's treatment and that emergency medical care will be obtained and rendered to my child. I further understand that if my child's medical condition is urgent but not life threatening, informed consent is required for treatment. I also understand that the customs and requirements in other countries may differ as to whether any consent is necessary.

If my child needs medical care for which informed consent or my permission may be required, whether on an emergency or urgent basis, and if reasonable attempts to reach me for consultation and informed consent are unsuccessful, then I hereby delegate to the Program Leader or his/her designee or representative the authority to make on my behalf all medical decisions regarding the care and treatment of my child, including decisions on surgery, transfusions, and the administration of anesthetic, and to give informed consent to such treatment.

I also consent to, and authorize the Program Leader, or his/her designee, to arrange for and provide care and treatment (including administering medication and antibiotics) for my child's routine health needs or conditions, such as colds, ordinary infections and minor injuries. I understand and agree that further specific consent will not be obtained at the time the routine care and treatment are provided and that the School will not notify me unless the Program Leader deems it appropriate or necessary.

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Parent/Legal Guardian signature (in BLUE ink) \_\_\_\_\_ Date \_\_\_\_\_

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Printed name of Parent/Legal Guardian \_\_\_\_\_

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Address \_\_\_\_\_

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Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

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Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_



# FORM 4A: MEDICAL AUTHORIZATION FORM

(FOR STUDENTS 18 OR OLDER)

I, \_\_\_\_\_, was born on \_\_\_\_\_, \_\_\_\_\_ and am now or will become during the Program at least eighteen (18) years of age.

I understand that, in the United States, in the event of a medical emergency threatening my life or limb, no informed consent is required for my treatment and that emergency medical care will be obtained and rendered to me. I further understand that if my medical condition is urgent but not life threatening, informed consent is required for treatment. I also understand that the customs and requirements in other countries may differ as to the need for consent or as to the age of majority.

If I need medical care for which informed consent or permission may be required, whether on an emergency or urgent basis, and if I am unable to consent or give permission, I request that reasonable attempts be made to reach my parents/guardians for consultation and informed consent. If those efforts are unsuccessful, then I hereby delegate to the Program Leader or his/her designee or representative the authority to make on my behalf all medical decisions regarding my care and treatment, including decisions on surgery and the administration of anesthetic, and to give informed consent to such treatment. I acknowledge that this document may not comply with the laws of the state where it was signed to constitute a power of attorney for health care, but I nevertheless wish it to provide guidance to health care providers as to who may give substituted consent on my behalf if I cannot speak for myself or make an informed decision.

\_\_\_\_\_  
Student signature (in BLUE ink) Date

\_\_\_\_\_  
Printed name of Student Date

I am the parent or legal guardian of the above named Student and, to the extent required, confirm the instructions and wishes of the Student as expressed in this Authorization.

\_\_\_\_\_  
Parent/Legal Guardian signature (in BLUE ink) Date

\_\_\_\_\_  
Printed name of Parent/Legal Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Telephone Business Telephone

\_\_\_\_\_  
Cell Phone E-mail Address

If this form DOES NOT apply to you, please initial here: \_\_\_\_\_



**FORM 4B: HEALTH INFORMATION FORM**  
(FOR ALL STUDENTS)

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**1. Health History - Please indicate below whether your son/daughter has been diagnosed with or treated for the following (check those that apply):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Hepatitis or other Liver Disease | <input type="checkbox"/> Diabetes                   |
| <input type="checkbox"/> Chicken Pox         | <input type="checkbox"/> Heart Disease                    | <input type="checkbox"/> Kidney Disease             |
| <input type="checkbox"/> Whooping Cough      | <input type="checkbox"/> Lyme Disease                     | <input type="checkbox"/> Emotional Disorders        |
| <input type="checkbox"/> Pneumonia           | <input type="checkbox"/> Menstrual Disorder               | <input type="checkbox"/> Eating Disorders           |
| <input type="checkbox"/> Seizure Disorder    | <input type="checkbox"/> Sinusitis                        | <input type="checkbox"/> Bee/insect sting reactions |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Tuberculosis                     | <input type="checkbox"/> Head Injury/Concussion     |
| <input type="checkbox"/> ADD/ADHD            | <input type="checkbox"/> Jaundice                         | <input type="checkbox"/> Heart Condition            |
| <input type="checkbox"/> Hypertension        | <input type="checkbox"/> Headaches                        | <input type="checkbox"/> Stomach Upset              |
| <input type="checkbox"/> Mononucleosis       | <input type="checkbox"/> Ear Infection                    | <input type="checkbox"/> Anxiety/Depression         |

Food/Drug Allergies (specify) \_\_\_\_\_

Special Diet (specify) \_\_\_\_\_

**2. Please circle YES or NO for each question. If "YES" for any of these, please explain in detail.**

Are there any medical restrictions or limitations to the Student's physical activities? YES NO

If YES, please explain: \_\_\_\_\_

Are there any other medical or emotional conditions or issues that the Program should be aware of? YES NO

If YES, please explain: \_\_\_\_\_

Are there any religious beliefs that impact administration of medical care? YES NO

If YES, please explain: \_\_\_\_\_

**3. Please list all medication the Student must take during his/her participation in the Program. Be specific about time and dosage.**

MEDICATION	DOSAGE	PURPOSE	TIME(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. When did the Student have his/her last tetanus shot? \_\_\_\_\_**

*This health information is accurate and complete insofar as we know. The Student has permission to engage in all activities except as noted above.*

\_\_\_\_\_  
Student signature (in BLUE ink) Date

\_\_\_\_\_  
Parent/Legal Guardian signature (in BLUE ink) Date



**FORM 4C: TRAVEL MEDICINE CONSULTATION**  
(FOR ALL STUDENTS TRAVELLING INTERNATIONALLY)

*Prior to any international travel, it is important to be informed about the health risks that travel can present, and actively research and prepare for any risks particular to the destination/s of the off-campus program. It is the responsibility of the Student and his/her parents/legal guardians to gather information about the travel destinations and risks inherent to any specific activities or locations during the Program. The Centers for Disease Control and Prevention (CDC) has recommendations on preparing for travel (<http://www.cdc.gov>) in more than 200 countries.*

*It is also strongly recommended that the Student and his/her parents/legal guardians consult with a physician or appropriate specialist, such as a Travel Clinic or travel medicine specialist, regarding any and all recommended medical immunizations and other precautions. These appointments should occur four to six weeks before the date of travel, and the Student should bring a detailed itinerary to the appointment, along with up-to-date medical records.*

**Doctor's/Specialist's Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
(Print Name)

**1. Did the student bring an itinerary with sufficient information for the purpose of this consultation?**  
\_\_\_\_\_ YES \_\_\_\_\_ NO

(Is a follow-up appointment needed? \_\_\_\_\_ YES \_\_\_\_\_ NO)

**2. What specific concerns related to travel did you discuss with the Student and the parents/guardians?**

\_\_\_\_\_  
\_\_\_\_\_

**3. Please list all vaccinations you administered and other vaccinations or medications you have recommended that the Student take prior to his/her participation in the Program. Be specific about time and dosage.**

MEDICATION	DOSAGE	PURPOSE	TIME(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Doctor/Specialist (in BLUE ink) \_\_\_\_\_ Date \_\_\_\_\_

Students and their parents/legal guardians who decided not to consult with a physician or travel medicine specialist must sign below to document that decision. As provided in Form 1, they are responsible for investigating and evaluating all health risks the Student may face and for taking precautions.

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Student signature (in BLUE ink) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian signature (in BLUE ink) \_\_\_\_\_ Date \_\_\_\_\_



**FORM 4D: AUTHORIZATION FOR STUDENT POSSESSION AND USE OF MEDICATION**  
(FOR ALL STUDENTS TRAVELLING INTERNATIONALLY)

Our Son/Daughter, \_\_\_\_\_, has our permission to self-administer the following over-the-counter and prescription medications while on the Columbus Academy-sponsored trip to \_\_\_\_\_, beginning on (date) \_\_\_\_\_ through (date) \_\_\_\_\_.

Please list all medications (including asthma inhalers, epinephrine auto-injectors, etc.):

1. NAME of MEDICATION: \_\_\_\_\_  
 Dosage/Frequency: \_\_\_\_\_; Number of pills required for the duration of the trip \_\_\_\_\_  
 Times of Administration: \_\_\_\_\_ Purpose: \_\_\_\_\_  
 Adverse reactions that should be reported to physician: \_\_\_\_\_
2. NAME of MEDICATION: \_\_\_\_\_  
 Dosage/Frequency: \_\_\_\_\_; Number of pills required for the duration of the trip \_\_\_\_\_  
 Times of Administration: \_\_\_\_\_ Purpose: \_\_\_\_\_  
 Adverse reactions that should be reported to physician: \_\_\_\_\_

Procedure to follow in the event that a medication does not produce the expected relief from student's symptoms: \_\_\_\_\_

Special instructions: (include severe adverse reactions if administered to another student): \_\_\_\_\_

*If necessary, please list additional medications on a second form.*

**Signature below indicates that the student has been instructed in proper use, possession, and storage of all medications and is aware NO MEDICATION IS TO BE SHARED with any other person. The student is aware that he/she must notify the Program Leaders if emergency medical care must be sought immediately. To monitor administration, it is understood that the Program Leader is permitted to check prescription bottles for the appropriate number of pills.**

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Doctor/Specialist (in BLUE ink) \_\_\_\_\_ Date \_\_\_\_\_

Student signature (in BLUE ink) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian signature (in BLUE ink) \_\_\_\_\_ Date \_\_\_\_\_

If this form DOES NOT apply to you, please initial here: \_\_\_\_\_



## FORM 4E: MEDICAL SELF-ASSESSMENT

(TO BE COMPLETED BY PARENTS IN THE PRESENCE OF THE STUDENT PARTICIPANT)

*The purpose of this form is to help Columbus Academy be of maximum assistance to your son/daughter should the need arise during the trip. Physical or psychological disorders can become serious under the stresses of travel. It is important that Columbus Academy be made aware of any medical or emotional problems, past or current, which might affect your son/daughter in a foreign context. Please address the special needs and accommodations your son/daughter may need in the explanation section below. The information provided will be shared only with Columbus Academy personnel as needed, and will be kept confidential. Overseas sites may not be able to accommodate all reported individual needs or circumstances. If you do not report a medical condition your son/daughter has, our ability to assist him/her in case of an emergency may be compromised.*

**Please rate your son/daughter's overall health** (circle one): Excellent Good Fair Poor

1. Does your child have any (please circle YES or NO for each question):

Pre-existing medical conditions?	YES	NO
Dietary restrictions or known food allergies?	YES	NO
Known allergies to medication, plants, animals, insect stings, etc.?	YES	NO
Physical limitations or disabilities?	YES	NO
Other (please specify): _____	YES	NO

If YES to any question, please explain: \_\_\_\_\_

2. Does your child have asthma? YES NO  
 If yes, does he/she carry his/her own inhaler? YES NO

3. Has your child ever had:  
 A major surgical operation or been advised to have one? YES NO  
 Treatment in a hospital or mental institution? YES NO  
 A major injury, surgery, or illness (rheumatic fever, etc.)? YES NO

If YES to any question, please explain: \_\_\_\_\_

4. Is your child currently undergoing treatment or taking medication? YES NO  
 If YES, please explain: \_\_\_\_\_

5. Does your child have any other medical condition, emotional condition, or physical disability that would be helpful for Columbus Academy to be aware of during this trip or that would affect any treatment he/she should receive? YES NO

If YES, please explain: \_\_\_\_\_

6. Is there any psychological condition which may affect your son/daughter's ability to participate in a part of this trip, e.g., acrophobia, claustrophobia, or anxiety/depression? YES NO

If YES, please explain: \_\_\_\_\_

**Primary Care Physician:** Name: \_\_\_\_\_ Phone #1: (\_\_\_\_\_) \_\_\_\_\_

Phone #2: (\_\_\_\_\_) \_\_\_\_\_



## FORM 4F: AUTHORIZED OVER-THE-COUNTER MEDICATIONS

Please note below if there are any special items of information that should be known to the chaperones that may be of valuable assistance in keeping your child comfortable during the trip. Such information as diet instructions, rest periods, susceptibility to motion sickness, etc. should be given. If your child is taking a prescription drug, continue as instructed. Bring the medication in the original container.

The medications listed below are Over-The-Counter medications carried by the chaperones. Please circle YES or NO to confirm that these medications may be given.

1. My son/daughter, \_\_\_\_\_, may take the following medications listed below if needed:

- |  | (circle one) |        |
|--|--------------|--------|
| Tylenol 325 mg 1 or 2 tablets every 4 hours as needed for pain/fever   | YES          | NO     |
| Advil 200 mg 1 or 2 tablets every 4 hours as needed for pain/fever   | YES          | NO     |
| Tums 1 or 2 tablets chewable every 4 hours as needed for heartburn/indigestion   | YES          | NO     |
| Cepacol lozenges for sore throat/cough every 4 hours as needed   | YES          | NO     |
| Benadryl 1 or 2 tablets every 4 hours as needed for allergic reaction  | YES          | NO     |
| Calamine/Caladryl lotion as needed for itch relief   | YES          | NO     |
| Sudafed 30 mg 1 or 2 tablets every 4 hours as needed for nasal congestion  | YES          | NO     |
| Dramamine (Dimenhydrinate) tablets 1 – 2 tablets every 4-6 hours for motion sickness; not more than 8 tablets in 24 hours  | YES          | NO     |
| <b>OR</b>  |              |        |
| Bonine (Meclizine) tablets 1 – 2 tablets once a day or as directed by a MD for motion sickness (should be taken ½ hour before travel)                            | YES          | NO     |
| <br>OUT-OF-THE-COUNTRY trips: If traveler's diarrhea occurs, the prescription drug Cipro will be started if necessary (500 mg by mouth twice a day for 5-7 days) | <br>YES      | <br>NO |

2. Any other information or additional OTC medications needed? Please list:

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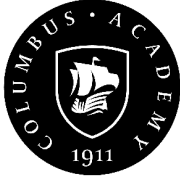


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We understand that school personnel are not legally obligated to administer oral medication to any child and, therefore, we agree to hold the school and its employees free from any and all responsibility for the results of such medication or the manner in which it is administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements that may be rendered against them. We will advise the Upper School Office and the Program Leader of any last-minute developments that may be of further assistance during the trip.

Parent/Legal Guardian signature (in BLUE ink)

Date



## FORM 5: INSURANCE INFORMATION (FOR ALL STUDENTS)

### Domestic Programs:

**Columbus Academy** requires all students enrolled at the School to carry adequate medical coverage. An insurance policy covering a Student may not, however, extend to medical, hospital, and related services rendered outside their home state, and the School is not responsible for any such expenses the Student incurs.

Each Student's Parents or Legal Guardians should carefully review the terms of the Student's coverage to determine if it provides coverage while the Student is traveling out of their home state. Different insurance carriers and products provide different types and amounts of coverage.

Please provide the Student's insurance information on Form 4A.

### International Programs:

For all official off campus international programs, the School does not provide travel assistance or emergency evacuation services. Each Student should carry sufficient health insurance coverage that serves as primary medical insurance.

Each Student's Parents or Legal Guardians should carefully review the terms of the Student's personal insurance policy terms in addition to any insurance coverage included in the expense of the trip. A summary of any travel assistance and emergency evacuation included in the trip is provided in the program description.

The School is not responsible for any medical, hospital, and related services rendered outside the United States that the Student incurs.

If, after reviewing the terms of any insurance included in the program description, a Student and/or the Student's Parents or Legal Guardians decide to purchase additional coverage, please provide this information using Form 4A: Personal and Supplemental Insurance Information.

### The Student's insurance provider policy should provide at least the following minimum coverage amounts:

- Policy limit maximum per accident or sickness: \$1,000,000
- Accidental Death and Dismemberment: \$100,000 (Principal Sum)
- Accident and Sickness Medical Expenses: \$25,000 (each person, each injury/sickness) \$500 (Deductible each person/each incident)
- Emergency Medical Evacuation: \$100,000 (each person, each serious incident)
- Emergency Family Travel \$10,000 per person/\$25,000 per accident or sickness
- Repatriation of Remains \$20,000 per person/\$100,000 per accident or sickness

### The services provided by the Student's insurance provider should also include:

- 24 Hour Emergency Travel Assistance
- Embassy and Consular Information
- Medical Referrals
- Emergency Prescription Medication Replacement
- Assistance with Lost Personal Effects
- Language Interpretation
- Legal Referral
- Medical Evacuation and Repatriation
- Emergency Political Evacuation and Repatriation
- Lost Documents Assistance
- Security Assistance





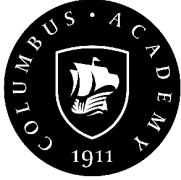
**FORM 5A: PERSONAL AND SUPPLEMENTAL  
INSURANCE INFORMATION**  
(FOR ALL STUDENTS)

Please indicate the personal medical insurance coverage you will be carrying for the Student during the Program:

PERSONAL MEDICAL INSURANCE INFORMATION		
Insurance carrier	Policy number	Duration (dates of policy)
Insurance Carrier's Worldwide Emergency Assistance Number		
Name of subscriber	Relationship to Student (indicate yourself if you are the subscriber)	
<p>I certify that this information is true and accurate. I certify that the Student will maintain enrollment in the above medical insurance plan from the start of the Program through the end of the Program. I understand that <b>Columbus Academy</b> will not be responsible for the medical expenses incurred by the Student during the Program.</p>		
Policy holder signature (in BLUE ink)	Date	

Should you choose to purchase additional coverage, please provide the information below AND printed information about the coverage and services provided through your insurance carrier.

SUPPLEMENTAL INSURANCE INFORMATION		
Insurance carrier	Policy number	Duration (dates of policy)
Insurance Carrier's Worldwide Emergency Assistance Number		
Name of subscriber	Relationship to Student (indicate yourself if you are the subscriber)	



**FORM 6: PASSPORT INFORMATION FORM**  
(FOR ALL STUDENTS TRAVELLING INTERNATIONALLY)

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If you have a passport, please complete this form now. Make sure to attach a photocopy of the first page of your passport, showing your personal data and signature. If you have a student visa, please make a photocopy of your visa and I-20 form as well.

If you do not have a passport, please complete and return this form as soon as you have received your passport.

Please note that passports are required to apply for student visas, so make sure to process your passport applications as soon as possible. Note that for most visa applications, passports are required to be valid for six months after the date of return from abroad.

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Name as it appears on passport

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Country of issue

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Passport Number

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Date of issuance

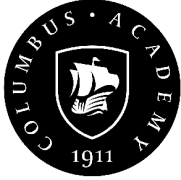
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Place of issuance

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Date of expiration (This date must be at least six months after the Program completion date.)

**YOU MUST ATTACH A PHOTOCOPY OF THE FIRST PAGE OF YOUR PASSPORT,  
SHOWING YOUR PERSONAL DATA AND SIGNATURE**



**FORM 7: EMERGENCY CONTACT FORM AND  
PERMISSION FOR RELEASE OF INFORMATION AND USE  
OF PHOTOGRAPHS AND IDENTIFYING INFORMATION  
(FOR ALL STUDENTS)**

*The following information is intended to be of assistance should an emergency situation occur either at home or abroad before, during, or after the program. Immediately inform the program coordinator of any changes.*

**Person(s) to Contact in Case of Emergency**

<b>Emergency Contact #1:</b>	<b>Emergency Contact #2:</b>
Name(s): _____	Name(s): _____
Relationship to student: _____	Relationship to student: _____
Street Address: _____	Street Address: _____
City/State/Zip: _____	City/State/Zip: _____
Home: (____) _____	Home: (____) _____
Work: (____) _____	Work: (____) _____
Cell: (____) _____	Cell: (____) _____
E-mail: _____	E-mail: _____

**Permission to release information**

**Please check and sign all that apply:**

- I give permission to representatives of **Columbus Academy** to use my/the Student's name and any photographic or videographic images of me/the Student taken during the Program in **Columbus Academy**-related publications, information and promotional material, including the **Columbus Academy** website, and hereby waive and relinquish any and all intellectual property rights I/the Student may have in the use of my/the Student's name and photographic images.

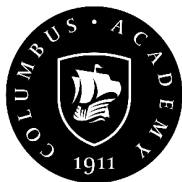
\_\_\_\_\_  
Student signature (in BLUE ink)

\_\_\_\_\_  
Parent/Legal Guardian signature (in BLUE ink)

- I give permission to the representatives of the **Columbus Academy** to give my/the Student's name and contact information to prospective Program participants in the event they wish to correspond with me/the Student about the Program I participate in overseas.

\_\_\_\_\_  
Student signature (in BLUE ink)

\_\_\_\_\_  
Parent/Legal Guardian signature (in BLUE ink)



## FORM 8: COLUMBUS ACADEMY TRIPS STUDENT CODE OF CONDUCT

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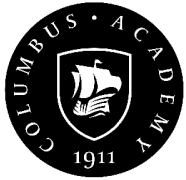
I, \_\_\_\_\_, will adhere to the following code of conduct while on the school trip:  
Student Name

1. I will serve as a representative for my family, my community, my country, and myself. I will be a goodwill ambassador at all times.
2. I will follow all rules outlined in the Columbus Academy Student Handbook that apply to this trip abroad.
3. I will respect that the following are not permitted during this trip: smoking, alcohol, drugs, and any sexual activity.
4. I will be punctual for all activities on this trip.
5. I will adopt a positive attitude and keep an open mind while traveling as a member for this group.
  - I am required to participate in all group activities.
  - I will be respectful and courteous at all times.
    - I will not make fun of local customs or complain about local service.
    - When tired and/or facing disappointment, I will try not to dwell on the negative.
    - I will be respectful and attentive to our local teachers and guides.
    - I will be courteous to bus drivers.
6. I will be sure to stay with the group:
  - In the airport
    - I will keep an eye on my luggage.
    - I will not accept gifts or packages from anyone.
  - At itinerary stops
    - I will keep up with the group.
    - I will take note of where the bus/van is parked.
7. I will respect the rules of the hotels and host family.
  - I will follow the curfews established by the Trip Leader, unless accompanied by a chaperone.
  - I will remain in common spaces with members of the opposite gender, not in bedrooms.
  - I will treat my host family's property with care.
  - I will keep my room neat.
8. I will keep the following with me at all times:
  - My currency and travelers checks in a money belt or a neck pouch.
  - A copy of my passport along with the address and phone number of my chaperones.
9. During designated free time, I will stay in pairs or groups.
  - I will never travel alone.
  - For all evening activities, I will travel with a member of my host family or a member of our group.

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Student signature (in BLUE ink)

Date



### FORM 9: "SMART" PHONE AGREEMENT

**STUDENT NAME (printed):** \_\_\_\_\_

Changes in technology have yielded a remarkable increase in the number of smart phones students are bringing on international trips. Columbus Academy realizes that a phone can provide a vital link to parents and could be useful in the case of an emergency. However, smart phones can serve as a distraction and inhibit students from reaching outside their comfort zone and experiencing life in a different country. Columbus Academy requests that all students and parents participating in international trips agree to the following use of smart phones during their experience:

- My smart phone is permitted on international trips. I agree to use it as a tool to communicate with my parents and in case of an emergency. I will store the phone contact information for trip leaders in my cell phone.
- My smart phone may be used to take photos; however, I understand that pocket cameras are highly encouraged as an alternative. During the activities of the day (tours, meals, etc.) I will use my phone only for taking pictures, and not for its other uses.
- I will communicate with my parents when advised by my trip leader, by text or phone call, at a time that does not interfere with trip activities or time with my host family.
- If I have a special request or concern, I will make every effort to first talk with my Columbus Academy trip leaders.
- If my phone is lost or broken, it is my personal responsibility. Searching for lost technology cannot impact or delay the experience for other students. I will make every effort to keep my phone in a safe place during the day.
- Unless my trip leaders instruct me to use technology in a trip activity, I will avoid texting, updating social media, surfing the web, and sending emails to friends during the trip. I will catch up with friends and extended family once I return, so that I can use the exchange as an opportunity to build new friendships and fully absorb the environment and culture that I'm in.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

- When needed, I will arrange to communicate with my child at the end of their day, at a time that does not interfere with trip activities or host family activities.
- I understand that unless it is an emergency, students are to communicate directly with trip leaders, and parents will make every effort to avoid serving as intermediaries. If there is an emergency and I need to contact my child during the day, I will use the provided trip leader contact information to reach my child.
- I understand the risk of having my child bring personal technology. Columbus Academy will not be held responsible for personal technology that is lost or damaged during the exchange.

While this technology provides a certain level of comfort and safety, Columbus Academy asks that it be used responsibly and minimally. Students are not required to travel with a phone, but rather are encouraged to take a break from technology as they participate in this extraordinary international experience.

As a family, we have reviewed the above, and we are committed to this agreement:

\_\_\_\_\_  
**Parent Signature**  
05/05/15

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**