

#8aA

NAME \_\_\_\_\_  
(Last) (First) (Initial)

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

# MEDICAL INFORMATION

## PREUCIL SCHOOL OF MUSIC TOUR OF THE BALTICS FOR ADULTS 18 AND OLDER

(PLEASE TYPE OR PRINT)

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Ins. Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Provider Phone # \_\_\_\_\_

### In Case of Emergency, please notify:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Adult on tour, if applicable

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Adult not on tour

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Adult not on tour

List any medications or drugs that you take regularly. (Turn in list of prescription medicines to a Preucil Office):

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

List any allergies, food restrictions, or unusual medical problems that the staff should be aware of:

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

Please notify Sharon Sonnleitner at Preucil School in writing if there are any changes in the above prior to departure.

I consent in advance to whatever medical treatments or procedures might be necessary for me in case of injury or illness during the Preucil School String Orchestra tour of The Baltics if I am unable to make these decisions for myself. Such treatment may include, but may not be limited to, anesthesia, x-ray, medical or surgical procedures as shall be in the best judgment of the attending physician. I understand that every effort will be made to reach an emergency person named above in case of serious illness or injury, and I release myself to the Director in charge in case of medical emergency in which I am incapacitated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THIS FORM WILL BE CARRIED BY THE STAFF DURING THE TOUR AND WILL BE CONFIDENTIAL

# WAIVER OF LIABILITY

## FOR ADULT TRAVELERS

#8bA

Date \_\_\_\_\_  
Month Day Year

I, \_\_\_\_\_, am a participant in the trip to The Baltics. I hereby agree to absolve, release and hold blameless, the Preucil School of Music and/or its staff, or other adults participating in the trip, from any financial liability or claim for damages of any nature arising out of any event associated with the trip during the period June 18 to June 27, 2017, both inclusive, or the date the group returns to Iowa City, if delayed. I realize that such a trip has certain risks involved and that every attempt will be made to safeguard travelers and equipment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Address \_\_\_\_\_  
\_\_\_\_\_

Dear Adult Trip Participants:

Please sign the above release form and fill out the Medical Form on the reverse for the Baltics trip. Return to either Preucil Office by May 30.

Thanks,  
Sharon Sonnleitner