

RULES FOR INTERNATIONAL TRAVEL:

1. NO smoking, consumption of alcoholic beverages, or taking illegal drugs on the trip at any time!
2. Be punctual for everything on tour!
3. Curfew WILL be strictly adhered to at all times!
4. NO girls in boy's rooms; NO boys in girl's rooms!
5. ALWAYS inform a chaperone of where you are going and when you will be back!
6. Do NOT go out alone - ALWAYS travel in groups of four (4) or more!
7. Do NOT operate motorized vehicles!
8. Courtesy and honesty is expected at all times (with guides, in hotels, in restaurants, small groups, on the bus, in your rooms, with other groups, leaders, etc.)!
9. Participation is ALWAYS expected with all events on tour!
10. ALWAYS leave hotel rooms clean. NO destruction, NO theft, NO vandalism, NO mess!
11. No shouting, profanity, or obnoxious behavior while on tour!
12. No running, shouting, profanity, or obnoxious behavior in the hotels! (or public buildings).

CONSEQUENCES:

Step one (minor offense)

- Discussion between the chaperones, group leader, and student to determine the reason of offense and to ensure future respect of rules. A suitable punishment will then be determined based on the offense.

Step two

- If determined necessary by chaperones and group leader, the parents of the student will be called collect and a warning will be given to the student ensuring an understanding that the next offense WILL result in a trip home at the parents' expense. Parents will be informed of punishment and are expected to pursue the issue upon the student's return.

Step three

- If determined necessary by the chaperones and group leader, the parents will be called collect and the student will be sent home. All expenses will be charged to the family of the child.

PART 1 (STUDENT)

I have read and understand all the rules of behavior and consequences of disobedience. I agree to follow the rules for the duration of the trip for the safety and well-being of the group. I understand that this is a school trip, where I will be representing the PS Strings Program, my school, my city, my state, and my country.

Name Printed clearly

Student Signature

Date

PART 2 (PARENT / GUARDIAN)

I (we) have read and understand all the rules of behavior and consequences of disobedience for my/our child. I (we) agree to accept collect calls made by the group leader or a chaperone regarding my/our child and agree to pay for his/her return trip if behavior merits such action.

Name Printed clearly

Parent Signature

Date

**DON'T FORGET TO SEND DR. POWELL A
COPY OF YOUR SIGNED PASSPORT!!**

TRAVELER HEALTH AND MEDICAL PROFILE

Over-the-counter medication

The Group Leader may administer certain over-the-counter medications to your child/you if necessary. Are there any restrictions that the Group Leader should be aware of?

_____ I request that my child may receive over-the-counter medication(s) during the trip for non-emergence complaints. I understand that the leaders on this tour are NOT responsible for any reaction that may occur as a result of my child's taking over-the-counter medications. Please signify your approval to administer these medications based on need and the judgment of the tour leader. The following MAY be given to my child. Anything NOT checked will NOT be administered.

Tylenol Ibuprophen Benadryl Dramamine Tums Imodium AD
 Nyquil/Dayquil Robitussin Other _____

_____ I do **NOT** give permission for my student to be given any over-the-counter medications.

Contacts Does your child wear contacts? Yes No

Food Allergies _____

Emergency Treatment Release Statement:

I hereby authorize Jason Powell and/or any licensed physician, emergency medical technician or any other qualified hospital personnel to render medical treatment, to dispense medications as directed above to my child which, in their judgment, is necessary in the event of illness or injury and to refer to the emergency contact named persons in the event that my child needs emergency care and I cannot be located immediately. I understand that I am responsible for any expenses that may be incurred in referral or treatment.

Guardian Name _____

Guardian Signature _____

Date _____