

# Eastern Tours Inc.

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## Eastern Tours: Medical & Representation Sheet

Dear Parents,

We at Eastern are very excited that you are embarking on our international. We at Eastern are very proud to offer such a unique international **"Trip of a lifetime"**. The following items of interest are for you and your child's benefit pertaining to what an Eastern Tours Trip entails. Enjoy the journey.

Ray Franklin  
Eastern President

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### **Insurance:**

Please make sure that your child travels to the abroad with all his/her insurance information. The insurance that your league provides is only a secondary one. This means it only kicks in **IF** you do not have insurance and need secondary coverage. To ensure that your child receives the best medical attention available when abroad (if necessary), he/she **must** have all medical information with them when they travels.

### **Release Form: Authorization for emergency medical treatment**

I, the parent or legal guardian of \_\_\_\_\_ a minor aged \_\_\_\_\_,  
**Name of player, (Please print)**

Hereby consent to the immediate transfer of the above player to any licensed hospital in the event of a medical emergency. I further consent to the administration of any emergency medical treatment deemed necessary by a licensed physician. I understand that all reasonable attempts will be made to contact me in advance of treatment provided medical circumstances permit. I authorize Eastern Tours to release information to facilitate the medical or surgical care of my child.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent or legal guardian**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I hereby authorize the medical staff chosen by Eastern Tours to administer medical care and treatment to \_\_\_\_\_ and hereby consent to any medical or surgical Diagnosis or treatment, included, but not limited to the administration of medication, referrals for medical care and hospital in-patient or outpatient care.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent or legal guardian**

Please list any allergies: \_\_\_\_\_

Emergency Contact Names & Phone Number(s): (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_