

**LAYO STUDENT INFORMATION SHEET**  
**VIENNA TOUR**

Name (As it appears on legal documents) \_\_\_\_\_

DOB: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Student's Email Address \_\_\_\_\_

Student's Passport Number \_\_\_\_\_

\_\_\_\_\_ Yes, my child will be flying roundtrip with the LAYO group.

\_\_\_\_\_ No, I have made my child's separate reservation and they will not be on either the outbound or returning flight with the group.

\_\_\_\_\_ I have made my child's separate reservation. However, they will be flying on the outbound/return (please circle one) flight with the group.

Parents FULL Names:

Mother \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Father \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Instrument \_\_\_\_\_ Concert or Chamber Orchestra (Circle One)

Comments \_\_\_\_\_

\_\_\_\_\_

In case of emergency, if you cannot reach either parent, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Please list any food restrictions/requirements:

---

---

---

Please list any allergies:

---

---

Please list any medications:

---

---

Please list the medications/dosage/frequency that your child will need to take while on the Vienna Tour trip:

#1 \_\_\_\_\_ Frequency/Dosage \_\_\_\_\_

#2 \_\_\_\_\_ Frequency/Dosage \_\_\_\_\_

#3 \_\_\_\_\_ Frequency/Dosage \_\_\_\_\_

#4 \_\_\_\_\_ Frequency/Dosage \_\_\_\_\_

#5 \_\_\_\_\_ Frequency/Dosage \_\_\_\_\_

Additional comments:

---

---

---