CONSENT TO TREAT

Obama Presidential Center Tour • Chicago, Illinois

October 2–5, 2026

Participant Name	Date of Birth
Insurance Carrier	Policy #
Primary Emergency Contact	Relationship
Primary Phone	Secondary Contact / Phone

Authorization

I authorize designated licensed medical professionals traveling with Soul-to-Soul, Inc. to provide first aid, assess minor medical concerns, and obtain emergency medical treatment, including emergency transportation, if necessary.

Acknowledgement

- Soul-to-Soul is not responsible for medical expenses incurred during the tour.
- This authorization is limited to the October 2–5, 2026 tour.
- I may revoke this authorization in writing before departure.

Participant Signature	Date
Printed Name	Staff Initials

HIPAA Privacy Notice

Health information and a copy of your photo identification will remain confidential and be used only for participant safety, identification, and emergency medical purposes during the tour. The nursing team will securely maintain your information and return your photo ID upon departing the motorcoach in Omaha.