

Newfoundland and Labrador English School District

Policy #1FP55 – Emergency Medical Travel insurance

Name of School: _____

Group Leader: _____

Telephone Number: _____

Trip Location: _____

Date of Departure: _____

Date of Return: _____

Number of Insured Persons: _____

Total Number of Students: _____ x \$ 3.49 per day x _____ days = \$ _____

Total Number of Chaperones / Teachers: _____ x \$ 3.49 per day x _____ days = \$ _____

Total Remittance: \$ _____

Please send complete listing of students, chaperones and teachers to the attention of Steve MacDonald via email - steve@macdonaldfinancial.ca

Word or Excel format are preferred.

Questions? Please call Steve MacDonald: 709-722-7861 Ext. 4251 cell 685-7978

****Cheque payable to Macdonald Financial Group and mailed to the following address:**

Steve Macdonald Suite 100, 130 Kelsey drive, St. John's NL A1B 0T2