

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 \$ 2.75 per day x _____ days = \$ _____

Total Number of
Chaperones / Teachers: _____ x \$ 2.75 per day x _____ days = \$ _____

Total Remittance: \$ _____

Please send complete listing of students, chaperones and teachers to the attention of Steve MacDonald via email at steve.macdonald@freedom55financial.com.

Word or Excel format are preferred.

Questions?

Please call Steve MacDonald: 709-722-7861 Ext. 4251.

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

Steve MacDonald 130 Kelsey Drive, Suite 100, St. John's NL A1B 0T2