

MEDICAL, INSURANCE, & EMERGENCY CONTACT INFORMATION

Andrews University • School of Social & Behavioral Sciences Ecuador Tour • May 2023

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____

AU ID #: _____ Birthdate Day: _____ Month: _____ Year: _____

Phone #: _____ Email: _____

Parent/Guardian Information (if student is under 18)

First Name: _____ Last Name: _____

Phone #: _____ Email: _____

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact

Secondary Emergency Contact (Optional)

Emergency Contact Name _____

Relationship to Student _____

Phone number _____

Alternate Phone (optional) _____

Email (optional) _____

VACCINATION & MEDICATION REQUIREMENTS & RECOMMENDATIONS

Required

Diamox Prescription (to prevent altitude sickness)

Any prescription medication you currently take

Please see Erica Bradfield for additional details

Recommended

Yellow Fever Vaccination

Antimalarial Prescription

COVID-19 Vaccination & Boosters

Current Tetanus Vaccination

Hepatitis A Vaccination

Current Typhoid Vaccination

Over-the-Counter Anti-diarrheal

Over-the-counter medicine for upset stomach

HEALTH INFORMATION

Primary Doctor and/or Practice Name:

Doctor/Practice Phone:

Please list any health or dietary concerns or restrictions that may need to be addressed during the tour (i.e. Asthma, Seizures, Diabetes, Mobility issues, etc.) the more information we know, the better prepared we can be to assist in the case of an emergency:

Please list any regular medications that you take along with dosage and schedule. This information will be kept private and only shared with pertinent emergency personnel if you are unable to respond during an emergency.

INSURANCE

Per University Policy, you must provide proof of medical insurance in order to participate in overnight trips and tours. Please provide a photo or copy of the front and back of your insurance card or your certificate of insurance to the tour organizer. Please contact the tour organizer for assistance or questions.

AGREEMENT

By my signature, I hereby agree that I have been given and understand the information provided regarding health concerns that may be present during the tour. In addition, I agree that I have provided the tour organizers with proof of the required vaccinations/medications as well as proof of insurance. If I have chosen not to get the recommended vaccinations and/or prescriptions, I agree that the School of Social & Behavioral Sciences and Andrews University will not be held liable for any circumstances that may arise from my decision to abstain from following the recommendations laid out in this document, including, but not limited to, discomfort, illness, hospitalization, death, or financial liability.

Signature

Date