

***Medical, Insurance, and Emergency Contact Information***

Dates of travel

Trip Destination

Legal Name \_\_\_\_\_

Birth date \_\_\_\_\_

ID Number \_\_\_\_\_

School address \_\_\_\_\_

Phone \_\_\_\_\_

Home address \_\_\_\_\_

Phone \_\_\_\_\_

Parent or guardian (if under age 18) \_\_\_\_\_

Phone \_\_\_\_\_

Contact Person in case of emergency (Next of Kin) \_\_\_\_\_

Relationship \_\_\_\_\_

Daytime phone \_\_\_\_\_

Evening phone \_\_\_\_\_

Alternate Person to notify in case of emergency \_\_\_\_\_

Relationship \_\_\_\_\_

Daytime phone \_\_\_\_\_

Evening phone \_\_\_\_\_

My doctor \_\_\_\_\_

Phone number \_\_\_\_\_

Generic name

US trade name

Dosage schedule

I take the following medications  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_

Blood type and Rh factor (optional) \_\_\_\_\_

Do you have any limitations that would interfere with the challenges of travel or study in the areas planned for this trip?

yes

no

If yes, please describe. The Travel Group Leader will try to accommodate your needs, but they must know your limitations in detail.

You must have medical insurance in order to participate. If you do not have insurance it can be purchased. Ask your Travel Group Leader.

Yes

No

**(Please attach a copy of your medical insurance card.)**