

MEDICAL, INSURANCE, AND EMERGENCY CONTACT INFORMATION

Andrews University • Behavioral Sciences Peru Tour • 10-24 May 2018

STUDENT INFORMATION

First Name _____ Last Name _____

AU ID Number _____ Birthday: Day _____ Month _____ Year _____

School Address _____ Phone _____

Home Address _____ Phone _____

Parent/Guardian Name (if under 18) _____ Phone _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Person _____ Relationship _____

Daytime Phone _____ Evening Phone _____

Alternate Contact Person _____ Relationship _____

Daytime Phone _____ Evening Phone _____

MEDICAL INFORMATION

Primary Doctor Name _____ Phone _____

Medical Practice Name _____

	Generic Name	US Trade Name	Dosage Schedule
I take the following medications	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Allergies _____

Blood type and Rh factor (if known) _____

Do you have any limitations that would present challenges to travel or study in the areas planned for this trip?

If yes, please describe, trip staff will make accommodations as possible.

☐ none

You must have medical insurance in order to participate in the tour. If you do not, talk to your tour organizer.

Please provide a copy of your medical insurance card or bring it to your tour organizer for a copy to be made.