

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.)