

Medical, Insurance, and Emergency Contact Information

Dates of travel	May 12 - June 2, 2025		Trip Destination	Madagascar
Legal Name	e		Birth date	2
ID Numbe	r			
School address			Phone	2
Home address	·		Phone	e
Parent or	guardian (if under age 18)		Phone	2
Contact Person in	n case of emergency (Next of Kin)		Relationship)
	Daytime phone		Evening phone	2
Alternate Person	to notify in case of emergency		Relationship)
	Daytime phone		Evening phone	2
	My doctor		Phone numbe	r
	Generic name	US trade name	Dosage schedule	
take the following				_
medications		;	_	_
			_	_
Allorgio	c			
				_
Blood ty _l	pe and Rh factor (optional)		_	
Oo you have any	limitations that would interfer	e with the challenges of travel o	r study in the areas planned for	or this trip?
		yes	no	
f yes, please des	scribe. The Travel Group Leader	r will try to accommodate your n	needs, but they must know you	ur limitations in detail.
You must have m	edical insurance in order to partic	cipate. If you do not have insuranc	e it can be purchased. Ask you	r Travel Group Leader
. Sa mase nave m	canada moraci to partic	Yes	No	
	(Please	e attach a copy of your med	ical insurance card.)	
	\. icase	- account a copy of your filed		