

All sections of this form must be completed in order to be eligible to travel.

Medical Release

Full Name:		Last 4 of SSN:
Street Address:		
City:	State:	Zip Code:
Date of Birth:	Age:	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Cell Phone (with Area Code):	Home Phone:	Work Phone:
Email:		
Parent/Guardian Name (if 18 or younger):		School Grade Completed:

EMERGENCY CONTACT INFORMATION

(Please provide Information for individuals who will NOT be traveling with you.)

Contact Name:		Relationship to you:
Cell Number (with Area Code):	Alternative Phone Number:	
Contact Name:		Relationship to you:
Cell Number (with Area Code):	Alternative Phone Number:	

INSURANCE INFORMATION

(Please provide a copy of the front and back of your insurance card.)

Name of Insurance Company:		<input type="checkbox"/> I do NOT carry primary medical insurance. (Skip to physician information)
Name of Policy Holder:		
Policy Number:	Group Number:	Relationship to Policy Holder:
		Company Phone Number:

PHYSICIAN INFORMATION

Name of Physician:		Phone Number:
Address:		
City:	State:	Zip:
Date of last Tetanus Immunization (Must be within the past 10 years):		

MEDICAL HISTORY (Con't)

Generally, my health is: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

If Fair or Poor, please explain:

Please list any medical difficulties for which you are currently being treated:

Please list all medications you are currently taking:

Please list all operations/serious injuries you may have had in the last 5 years:

Do you have allergies? ☐ No ☐ Yes

Please list any medicines, foods, or substances to which you are allergic:

Do you have any special dietary restrictions? ☐ No ☐ Yes

If yes, please explain:

Notarized Forms

**PLEASE NOTE: THE FOLLOWING FORMS MUST BE SIGNED IN
THE PRESENCE OF A NOTARY PUBLIC.**

PLEASE PRINT THE PAGES SINGLE-SIDED.

DO NOT SIGN UNTIL INSTRUCTED BY THE NOTARY.

Emergency Medical Authorizations

Name of Traveler:

Prospective Dates of Travel:

- *I, the undersigned, do for myself (or on behalf of my child, who is under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the Group leader(s) and the physician or hospital staff during my dates of travel.*
- *I, the undersigned, do for myself (or on behalf of my child, who is under 18 years of age) hereby acknowledge that I travel at my own risk, and thereby release from all claims and forever hold harmless the group leaders from any and all claims and demands for personal injury, sickness, as well as property damage and expenses of any nature incurred by myself (or my child under 18 years of age) during the duration of this trip.*
- *I also assume personal responsibility for all medical bills for myself (or my child under 18 years of age) and do certify that I have secured primary medical insurance for myself (or my child under 18 years of age). I understand that supplemental medical insurance is provided for each participant through an appropriate travel insurance company. If I do not have primary insurance, I have indicated so on page 1.*
- *Further, should it be necessary for me (or my child under 18 years of age) to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.*

PARTICIPANT SIGNATURE:

DATE:

SIGNATURE OF PARENT/GUARDIAN (If applicant 18 or under):

DATE:

SIGNATURE OF PARENT/GUARDIAN (If applicant 18 or under):

DATE:

NOTARY PUBLIC

State of _____, County of _____

The forgoing instrument was acknowledged before me this _____ day of _____,

20____, by _____ and _____.

Notary Signature _____

My commission expires _____.

Consent for Minor to Travel

As the parents/legal guardians of _____, born _____, we
Full Legal Name of Minor Minor Date of Birth
_____ and _____, undersigned, hereby
Full Legal Name of Parent/Guardian Full Legal Name of Parent/Guardian
acknowledge and consent for our minor child to travel internationally to _____
Destination of Travel
under the supervision and accompaniment of _____, group leader.
Full Legal Name of Group Leader

PASSPORT DETAILS FOR TRAVELING MINOR

Full Name: _____

Date of Birth: _____

Country of Citizenship: _____

Passport Number: _____

Date of Issue: _____

Date of Expiration: _____

PROSPECTIVE TRAVEL DATES

Prospective Date of Departure from USA: _____

Prospective Date of Return to USA: _____

PARENT CONTACT INFORMATION:

Parent Name(s) : _____

Parent Phone Number(s) : _____

Parent Address(es): _____

*Both Parents/Guardians are required to sign for children 17 and younger.
Do not sign this document until instructed by a Notary Public.*

SIGNATURE OF PARENT/GUARDIAN (If applicant 18 or under):

DATE:

SIGNATURE OF PARENT/GUARDIAN (If applicant 18 or under):

DATE:

NOTARY PUBLIC

State of _____, County of _____

The foregoing instrument was acknowledged before me this _____ day of _____,
20____, by _____ and _____.

Notary Signature _____

My commission expires _____.