**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name/First Name:**

**Traveler Emergency and Insurance Information Form**

**PERSONAL HISTORY**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M F

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_

**Primary (1st) Contact** (Parent/Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Traveler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary (2nd) Contact** (Parent/Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Traveler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE INFORMATION**

IS THE TRAVELER LISTED ABOVE COVERED BY A FAMILY HEALTH INSURANCE POLICY? YES/NO

If yes, please attach a copy of the insurance card to the back of this form

DID THE TRAVELER LISTED ABOVE PURCHASE THE EXTRA TRAVEL COMPANY INSURANCE POLICY? YES/NO

**MEDICAL INFORMATION**

Last Physical: \_\_\_\_\_\_\_\_\_\_ Last Tetanus: \_\_\_\_\_ Allergies (Meds/Foods/Etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Prescriptions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PASSPORT INFORMATION**

ATTACH A COLOR COPY OF YOUR PHOTO AND SIGNATURE PAGES FROM YOUR **SIGNED** PASSPORT TO THE BACK OF THIS FORM

**CONSENT FORM**

* I hereby consent to the above named traveler participating in the summer travel program. This consent includes travel on our Summer Student Tour.
* I hereby consent that the trip advisors may apply first aid treatment for any injury or injuries sustained during our travel until the parents/guardians can be contacted.
* I hereby consent that in case the parents/guardians cannot be reached, a travel advisor may secure medical first aid, ambulance service, and if necessary emergency room care, when needed, as a result of injury during participation the summer Student Tour.
* I hereby consent to the release of the information contained in this form to carry out treatment and healthcare operations for the above named traveler.

Signature of Parent/Guardian (for minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adult Traveler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FRONT OF MEDICAL INSURANCE CARD

BACK OF MEDICAL INSURANCE CARD

\*Arrange all of these required items on one page together as shown above **(make sure to have your photo and signature included)**

\*\* Provide us **with three colored copies** of these two pages copied front to back (i.e. When you hand these into us you will give us **three front to back colored copies of the two sheets above … we need these to be front to back and in color exactly as requested!**

\*\*\* Bring these copies to our May meeting

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**COLOR PASSPORT PHOTO AND COLOR SIGNATURE PAGE**

1. **Make sure your passport is signed**
2. **Make sure your passport is valid six months after our return date**