Emergency Medical Release

THIS FORM SHOULD BE COMPLETED AND RETURNED TO YOUR PROGRAM LEADER

Participant's Name	Birthdate			
Street Address	City	State	Zip	
EMERGENCY INFORMATION				
Father's Name	Home Phone ()	Cell Phon	e ()	
Mother's Name	Home Phone ()	Cell Phone	e ()	
Allergies	Last Tetanus			
Other medical conditions				
Medication being used (include	dosage/frequency)			
Present state of health				
Family Physician	Phone ()			
Medical/Hospital Insurance Co	mpany	Phone ()		
Policy Holder's Name	F	Policy Number		
	AUTHORIZATION FOR TREATME	NT OF MINOR		
emergency, and, if possible, be cannot be notified, I hereby giv for my child. If necessary, this i	and acknowledge that every effort will be fore any medical treatment is administer e permission to the Program Leader or the ncludes selection of physicians and med the as deemed necessary to protect the he	ed. In the event of an e ne WorldStrides staff to ical treatment facility wh	mergency or if the parents secure proper treatment	
responsible for any problems a	sible for accommodating any food allergi ssociated with the same. All issues with i re the sole responsibility of the participar	regard to food and drink		
	s during the trip, the undersigned hereby erone to dispense over-the-counter medi		exercised at the discretion	
Advil (ibuprofen) SYes No ∣	Dramamine @Yes @No Tylenol (ace	etaminophen) ⊜Yes ⊜l	No ∣ Benadryl	
My child has permission to swi	m @Yes @No Other			
Date	Signature of Parent/Guardian			

Please return this form to your trip program leader PLEASE DO NOT RETURN THIS FORM TO WORLDSTRIDES