

Emergency Medical Release

THIS FORM SHOULD BE COMPLETED AND RETURNED TO YOUR PROGRAM LEADER Participant's

Name _____ Birth Date _____

Street Address _____ City _____ State _____ Zip _____

EMERGENCY INFORMATION

Parent/Guardian Name _____ Home Phone (_____) _____

Cell Phone (_____) _____

Parent/Guardian Name _____ Home Phone (_____) _____

Cell Phone (_____) _____

Allergies _____ Last Tetanus _____

Other medical conditions _____

Medication being used (include dosage/frequency) _____

Present state of health _____

Family Physician _____ Phone (_____) _____

Medical/Hospital Insurance Company _____ Phone (_____) _____

Policy Holder's Name _____ Policy Number _____

AUTHORIZATION FOR TREATMENT OF MINOR

I, the undersigned, understand and acknowledge that every effort will be made to contact the parents in case of an emergency, and, if possible, before any medical treatment is administered. In the event of an emergency or if the parents cannot be notified, I hereby give permission to the Program Leader or the WorldStrides staff to secure proper treatment for my child. If necessary, this includes selection of physicians and medical treatment facility who are then authorized to perform such medical treatments as deemed necessary to protect the health of my child.

WorldStrides cannot be responsible for accommodating any food allergies, requirements or restrictions and is not responsible for any problems associated with the same. All issues with regard to food and drink, including allergies, requirements and restrictions are the sole responsibility of the participant.

In the event of any emergencies during the trip, the undersigned hereby grants authority to be exercised at the discretion of the Program Leader or chaperone to dispense over-the-counter medication.

Advil (ibuprofen) Yes No | Dramamine Yes No | Tylenol (acetaminophen) Yes No
Benadryl Yes No | Tums/Rolaids (Calcium Carbonate) Yes No

Other _____

Date

Signature of Parent/Guardian

Please return this form to your trip program leader