



MEDICAL RELEASE FORM

A. Name of Applicant: _____ Age at time of travel: _____

B. Rate your present health:

Excellent Above Average Average Below Average Poor

List any allergies you have: _____

List any special diet requirements: _____

List any medical conditions that you have that can or may affect your trip experience and/or may require the assistance of another person on a regular or emergency basis: (Eg. Epi pin administered when stung by bee)

C. I will obtain personal medical insurance to cover the time frame I am out of country as well as any applicable vaccinations

Information to be completed by parent if traveller under 18 or by self if over 18

Name of Parent: _____

Home Address: _____

Home Telephone: _____ Business: _____

Check box if Applicant has had any of the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Measles (red) | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Toothaches |
| <input type="checkbox"/> Measles (german) | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Epilepsy or fainting | <input type="checkbox"/> Severe Stomach Aches | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Ear trouble | <input type="checkbox"/> Sinusitis | |

Information about special conditions: _____

To the best of my knowledge, my child is in good health. In the case of medical emergency, I understand every effort will be made to contact parents or guardian. In the event I cannot be reached, I hereby give permission to the physician selected by the Team Leader to hospitalize, secure proper treatment, order injections, anesthesia or surgery for my child as named above.

Date _____ Parent's Signature _____

Please note: When all pages of this form are completely filled out, send to:
Rod Koch, 4114 Griffin Rd, Syracuse, NY 13215-9536 or scan and send to RodneyKoch@cs.com