

HEALTH CARD

PLEASE PRINT OR TYPE

Name_____

Address_____

Apt. #_____ City/State/Zip_____

Home Phone(____)_____

Work (Father)(____)_____ (Mother) (____)_____

Other Emergency Contact Name_____

Phone Number (____)_____

Health Insurance Company_____

Policy Number_____

Employer Providing _____

Family Doctor_____ Phone (____)_____

Health Authorizations

I agree that my son/daughter can receive non-prescription medicine on the trip (Tylenol, cough syrup, rolaids etc.) if the need arises.

Yes___ No___

I agree that trip leaders may authorize emergency medical treatment of the above named youth. (To be signed and dated by both parents if appropriate.)

Parent signature Date

Parent signature Date

Please note any health-related information of which we should be aware (allergic reactions, current medications, illness, etc.)

**ROOMING AND TRAVELING COMPANIONS
(TWO PARTNERS)**

Your name

Your bus partner's name

**WE PREFER TO SHARE A ROOM WITH-THESE
2 BUS PARTNERS:**

_____ -

**WE WOULD ENJOY TRAVELING WITH THESE
ADULTS AS OUR CHAPERONES
(No more than 2, please.)**

I will try to honor all requests; however there are times we cannot keep everyone happy. To be sure you room with your choices, please be sure you have a bus partner chosen and the people you have chosen to be in your group are also signed up as bus partners on their own forms. We need to have chaperones with every group, if you have 4 students and none have chaperones traveling with us, then your group WILL be split up. If your group has more than 1-2 chaperones, there is a good chance your group may also be split up. Please don't choose a partner that is not yet committed to travel. If it is imperative you be with your friends rather than your parent chaperone, please let me know here. Keep in mind; it will depend on what their preferences are as well.

I need to be with my parent []

I need to be with my friends []