



MEDICAL RELEASE FORM

Minor's Name: Last _____ First _____ M.I. _____

Date of Birth (M/D/Y) _____ Gender: Male _____ Female _____

Parent/Guardian Name _____ Relationship: _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Insurance Carrier Name _____ Carrier Phone _____

Policy Holder's Name _____ Policy Number _____

Family Physician _____ Phone _____

In case of emergency when parent/guardian unavailable, contact _____

Relationship _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Allergies _____

(Note: Academic Expeditions will work to help but cannot be responsible for accommodating any food allergies.)

Medication(s) Used (include dosage/frequency) _____

Present State of Health _____

Pre-existing Conditions _____

Authorization for Treatment of Minor

I, the undersigned, parent or legal guardian of _____ a minor participating in a travel program with _____ do hereby consent to the nurse or physician selected by the Program Leader or Academic Expeditions to perform routine tests and treatment for the health of said minor. In the event that I can't be contacted in an emergency, I hereby give permission for the physician selected by the Program Leader or Tour Operator to hospitalize, secure proper treatments for, and to order injection, anesthesia, or surgery for the minor named above. I also authorize designated Trip Program Leader to administer all prescribed and over the counter medications to said minor as instructed by me, the appropriate parental authority.

Signature of _____
Parent/Guardian _____ Print _____ Date _____

Please complete and return this form to your Group/Program Leader (NOT to Academic Expeditions).