

# Traveler Health and Medical Information Form

Traveler's name (please print): \_\_\_\_\_

## **Prescription medication**

Does your child/do you take any prescription medications? If so, all prescriptions must be up-to-date and in the original packaging, and should be packed in your child's carry-on bag with copies of the prescription paperwork (recommended but not required). Please list prescriptions and dosage information:

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## **Over-the-counter medication**

The Group Leader may administer certain over-the-counter medications to your child/you if necessary. Are there any restrictions that the Group Leader should be aware of?

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## **Primary insurance coverage**

Please provide any insurance coverage you/your child has for the duration of the tour. Please provide the policy and contact information for the insurance provider (primary and/or secondary):

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## **Any other information**

Is there any other information about your child's/your health or medical history that should be conveyed to your Group Leader prior to the tour? If so, please list here:

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Parent/legal guardian signature: \_\_\_\_\_ Date : \_\_\_\_\_