

Medical and Insurance Information

(Complete and return to the logistics box in the Collaboratory office.)

Name _____ Date _____

Phone _____ Email _____

Trip Destination and Dates _____

Insurance Information

Company _____ Group # _____ ID/Policy # _____

Medical Information

Blood Type _____ Height _____ Weight _____

List any special dietary needs _____

List medications you will be taking while on the trip _____

Do you have any medical, psychological, or emotional conditions that your advisor should be aware of? _____ If yes, please describe _____

List any known allergies and reactions _____

List/explain any physical disabilities, limitations, or special needs that you have _____

For Completion by Physician if you are under care for any condition:

I have examined _____ and find him/her to be in good general health and physically able to take part in the upcoming trip with the Messiah College Collaboratory on (date) _____.

Doctor's signature _____ Date _____

Doctor's name printed _____

The above information is accurate and complete to the best of my knowledge.

Signature _____ Date _____