MEDICAL/PERSONAL INFORMATION

Student's name: _____ Date of Birth:_____

Parent/Guardian Name: _____

Home Address: _____
Street City State Zip

Home Phone: _____

Work Phone: _____

Insurance Carrier Name and Address: _____

_____

Policy Number: _____

In Case of Emergency Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Allergies/Illnesses/ Personal-Confidential information needed for emergency: _____
_____
_____
_____
_____

Present Medication/Prescriptions: (Please attach copies of prescriptions, indicate dosage and frequency): _____
_____
_____
_____

We/I the parents of _____ hereby, with full knowledge, grant permission for medical/dental attention and/or medication to be administered should an emergency arise. Permission may be requested by: Y4Life Director, Lutherans For Life, Inc., an adult member of the tour, or the above named student. In addition, the above named student has permission to take the below listed medications or purchase them "over-the-counter".

I understand that the below listed medications should remain in their original containers and be clearly marked with the participant's name. I understand also that the participant is fully responsible for taking the correct dosage at the recommended times and agree that should the participant take this medication with negligence an adult has the right to take all medication away from the participant and administer it as needed. Please mark "Y" for approval or "N" for non-approval.

___ Aspirin
___ Tylenol
___ Cough syrup
___ Cough drops
___ Constipation reliever
___ Motion sickness medication (Dramamine)
___ Herbal motion sickness medication
___ Anti-diarrhea reliever
___ Sinus reliever
___ Advil

Other – please suggest or specify: _____
_____

_____ _____
Parent/Guardian Signature Date

_____ _____
Notary Date of Notary Expiration