

## 200\_\_\_ Medical Form

Please write legibly and complete this form.

	Name Last Name			
Traveller	Date of birth:			year
	Age :	Height :		Weight :
	Medical Insurance Number :		Expiration date :	
	Permanent Address:			
Allergies	<b>Important !</b> If you are allergic to bee or wasp stings, or have a severe food allergy, please be sure to send no less than two Epi-Pens.			
Aller	Food Allergies		Describe reaction and required treatment.	
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	Medical allergies		Describe reaction and required treatment.	
	Other allergies		Describe reaction and required treatment.	
Medication	Please list all the medicines that you take regularly. Médicine #1 Dosage/administra		Bring enough medicine for the duration of the trip.ation scheduleSymptom treated	
	Médicine #2	Dosage/administration schedule		Symptom treated
	Médicine #3	Dosage/administra	ation schedule	Symptom treated
tory	Please check the sicknesses/diseases that you have had.			
al II îs	Measles 🛛	Chicken Po	x 🗆	German Measles
Medical History	Mumps		Нера	titis 🗆

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