

Trek-Medical Information

Participant: _____

Medication:

Name	Dosage	Frequency	Special Instructions (refrigeration, need to carry on person, needs supervision while taking, etc)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Medication Allergies

Other Allergies (food, environmental)

_____	_____
_____	_____
_____	_____

Insurance Information:

Sponsors Name & Birth date: _____

Insurance Company: _____ ID# _____ Group # _____

Emergency Contact Numbers:

Father/Guardian: _____

Home # _____ Work # _____ Cell # _____

Mother/Guardian: _____

Home # _____ Work # _____ Cell # _____

Other Emergency Contact & Phone Number: _____

_____ **At least one parent/guardian will be available/in town, during the entire trek**

Signature of Parent/Guardian

Date

For use at Trek Departure: The above information has been reviewed and is correct on all accounts.

Signature of Parent/Guardian

Date