TravelGingie'sWayInc
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Atlanta,GA 30358

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ENDORSED BY IATAN

MEMBER ASTA American Society of Travel Agents

Brief Medical History

Although the program sponsors do not require a medical examination, we strongly urge participants to have one within the calendar year prior to the exchange. If you have any questions, please consult your family doctor.

Participant Name_____

Allergies_____ Medications_____
_____ _____

Asthma_____ Medications_____
Diabetes_____ Medications_____
Epilepsy_____ Medications_____
Other_____ Medications_____

If yes, please explain _____
_____

Are there any drugs (prescription or non-prescription) that the participant is allergic to or that should ***not*** be administered? Yes_____ No_____
If yes, please explain. _____
_____

Any other pertinent information? _____
_____

Note: If the participant is taking medication regularly, please bring a supply in labeled containers. Having a copy of the prescription, if applicable, is also recommended.

The undersigned parent or guardian of_____, authorizes the school, Travel Gingie's Way or its agent to obtain medical care for him/her (the participant) in the event that such care is necessary. If possible, the parent(s) or guardian(s) of the above named individual will be contacted in the event of an emergency. Permission is hereby granted to the licensed physician or accredited hospital and their associates to perform any medical and/or surgical procedures that are deemed essential to the treatment of the above named individual.

*****Please read the insurance description of coverage carefully, and note the exclusions which may not be covered by the policy*****