

BROTHER Down Under

AUSTRALIA TOUR – March 4-17, 2015

EMERGENCY MEDICAL INFORMATION AND CONSENT FORM

(Please print) FULL LEGAL NAME _____
COMMON NAME _____ (what you go by)
BIRTHDATE _____ AGE as of March 1, 2015 _____
HOME ADDRESS _____
CITY, STATE, ZIP _____
CELL PHONE IN US _____ CELL PHONE IN AUSTRALIA _____

MAIN EMAIL CONTACT ADDRESS _____

CONTACT IN CASE OF EMERGENCY _____ PHONE _____
CONTACT IN CASE OF EMERGENCY _____ PHONE _____
CONTACT IN CASE OF EMERGENCY _____ PHONE _____

Primary Physician _____ Phone _____
Dentist _____ Phone _____

MUST BE COMPLETE OR TRAVELER MAY NOT BE ALLOWED TO TRAVEL:

Date of last tetanus shot: _____ Drug allergies: _____
Allergies to insect stings, food, or plants: _____

Does the traveler need an epipen or glucagon? NO

YES, for: _____
Does this traveler carry an inhaler? _____ Name of medication _____

What does the director need to know about this traveler for his/her medical care?

IF YOU TRAVEL WITH ANY MEDICATION, IT MUST BE IN THE ORIGINAL CONTAINER for CUSTOMS.

MEDICATIONS

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

CONSENT FOR EMERGENCY CARE

Be it known that I, the above named traveler, do hereby grant and give unto any trip director, emergency personnel, medical doctor, or hospital, my consent and authorization to render such aid, treatment or care to said traveler as, in the judgement of said nurse, emergency personnel, doctor, or hospital, may be required on an emergency basis in the event said traveler should be injured or stricken ill while participating in this trip. It is hereby understood that any expenses incurred will be sole the responsibility of the traveler.

Signed: _____ Print name _____
Dated the _____ day of _____, 20____

THIS FORM MUST BE COMPLETED AND STAMPED BY A NOTARY PUBLIC.

Subscribed and sworn before me this _____ day of _____, 20____