



Right to Life – LIFESPAN Educational Fund

2020 "MOVEMENT IN MOTION" Youth Bus Trip

Medical Form

In case of an emergency, the following information is necessary so that you, your daughter or your son can receive proper medical attention. It will help expedite your/his/her care. This information will be given to the Bus Captain with whom you, your daughter or your son will be traveling on the bus trip. **Note: Use one form per person** Thank you!

Name: _____ Date of Birth: _____

Allergies: (food/medical/environmental) _____

- For nut allergy, carries an epi-pen Y ___ N ___
- Allergy to nuts is: Only ingested ___ Only airborne ___ Both ___

**Please note: You need to determine if the allergy is severe enough that being on a bus for approximately 10 hours with the possibility of someone directly eating nuts or a food item that contains nuts would cause you a reaction. We cannot guarantee that this won't happen even if we ask people to not do so.*

Current Medications: _____

Current Medical Conditions: _____

Do you get car sick? Y ___ N ___ If so, do you take anything to help this condition when traveling? Y ___ N ___

Health Insurance Carrier (name): _____ (if not applicable, please put None or N/A)

Insurance Number: _____

YOU MUST HAVE TWO EMERGENCY CONTACT PEOPLE WHO ARE NOT WITH YOU ON THE TRIP:

Emergency Contact Person (#1): _____ Relationship: _____

Home: _____ Cell: _____ Work: _____

Emergency Contact Person (#2): _____ Relationship: _____

Home: _____ Cell: _____ Work: _____

**SIGN
HERE**

Please sign below if 18 years of age or over:

Date: _____

Parent (or Guardian Signature) if under 18 years of age:

Date: _____

This form must be submitted with: Non-refundable deposit of \$50.00, Check List, Liability Release Form, Medical Form, Image Waiver Agreement, Rules of Conduct or Jr./Assistant/Chaperone/Captain Agreement Form and Bus Pick Up/Drop Off & Parking Form
NO LATER THAN OCTOBER 31, 2019!