



Right to Life – LIFESPAN Educational Fund

2025 MI March for Life 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!

Full 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 2 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: \_\_\_\_\_

If you are ill within 5 days before departure of the bus (fever, chills, body aches, cough, etc.), do not attempt to go on the trip. Please be considerate of other travelers to keep them safe from getting ill.

SIGN HERE

Please sign below if 18 years of age or over:

\_\_\_\_\_  
Date: \_\_\_\_\_

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

\_\_\_\_\_  
Date: \_\_\_\_\_