Travel Teens
. . . The Leaders in Student Travel

1580 W. Cerritos Ave.
Anaheim, Ca. 92802
(714) 772-3121
Fax (714) 956-1222

School _____
Grade _____

To be filled out by *Parent* or *Guardian*

Personal Health and Medical Summary

Name of Tour Program: _____ Tour Date: _____

Name: _____ Birth Date: _____ Sex: ___ Age: ___
Last First Initial

Name of Parent or Guardian (or Spouse): _____

Home Address: _____ City: _____ State: ___ Phone: ( ) _____

Business Address: _____ City: _____ State: ___ Phone: ( ) _____

If person named above is not available in the event of an emergency notify:

1. Name: _____ Relationship: _____ Phone: ( ) _____
2. Name: _____ Relationship: _____ Phone: ( ) _____

Name of Personal Physician: _____ Phone: ( ) _____

Name of Dentist or Orthodontist: _____ Phone: ( ) _____

Do you carry family Medical/Hospital Insurance? ___ *If so, Indicate:*

Carrier: _____ Policy or Group # _____

Medical Information, past or present (*please check*--giving approximate dates):

Frequent Ear Infections	☐ Yes	☐ No	_____	Diabetes	☐ Yes	☐ No	_____
Heart Defect/Disease	☐ Yes	☐ No	_____	Leukemia	☐ Yes	☐ No	_____
High Blood Pressure	☐ Yes	☐ No	_____	Cancer	☐ Yes	☐ No	_____
Bleeding/Clotting Disorders	☐ Yes	☐ No	_____	Convulsions	☐ Yes	☐ No	_____

Additional Explanations: _____

Diseases				*Allergies*			
Asthma	☐ Yes	☐ No	_____	Food	☐ Yes	☐ No	_____
Chicken Pox	☐ Yes	☐ No	_____	Medicines	☐ Yes	☐ No	_____
Measles	☐ Yes	☐ No	_____	Plants	☐ Yes	☐ No	_____
German Measles	☐ Yes	☐ No	_____	Insect Bites	☐ Yes	☐ No	_____
Mumps	☐ Yes	☐ No	_____	Hay Fever	☐ Yes	☐ No	_____

Additional Explanations: _____

Date of most recent *Tetanus Toxoid* Innoculation: _____

Operations or serious injuries(*dates*): _____

Chronic or recurring illness: _____

Any specific activities to be restricted? _____

Please inform us of any special *Health or Behavior* problems. What treatment is indicated? _____

*** * Important--Must be Completed and Signed for Attendance * ***

Parent's Authorization. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed Tour activities except as noted by me.

I herby give permision to the physician selected by the Tour Director to order X-rays, routine tests and treatment for the health of my child, and *in the event I cannot be reached in an emergency,* I hereby give permission to the physician selected by the Tour Director to hospitalize, secure proper treatment for, and to order injection and/or anaesthesia and/or surgery for my child as named above.

Signature: _____ Relation to above: _____ Date: _____