

EMERGENCY INFORMATION AND RELEASE FORM

To be kept on site by program leader. Copies must also accompany employee leading trip.

Participant Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Passport Number: _____ Place of Issue: _____

Date of Issue: _____ Date of Expiration: _____

Emergency Contact: _____ Relationship: _____

Address: _____

Work Phone: _____ Home Phone: _____

Please list any medical conditions of which the travel organizer/trip leader should be aware:

**If there are certain health issues which you wish not to share here, you may disclose those (including related treatment and prescription details) on a separate page and place in a sealed envelope. The envelope will only be opened in the event of an emergency, and it will be destroyed once you arrive back in the US.*

Allergies: _____

Lens or Drug Prescriptions: _____

Blood Type: _____

Permission for Treatment: By my signature below, I hereby grant permission and authorize the provision of emergency medical treatment if I, or my minor listed above of which I am a parent or legal guardian, become ill or injured while participating in an Ivy Tech Community College sponsored Program.

Release of Information: By my signature below, I authorize Ivy Tech Community College to release medical information regarding the above named participant to any person or entity to whom Ivy Tech Community College refers the participant for medical treatment.

Signed

Date