Lee College

HEALTH DISCLOSURE

In the event of any medical emergency (physical or mental), TRAVELER hereby grants to LEE COLLEGE or any of its representatives on the Program the full authority to take any action deemed necessary to protect TRAVELER's mental or physical health and safety at TRAVELER's own expense, including, but not limited to, placing TRAVELER under the care of a doctor or in a hospital or any place for medical examination and/or treatment or returning the TRAVELER to the United States at TRAVELER's own expense if such return is deemed necessary after consultation with medical authorities. In the event TRAVELER is returned to the United States, TRAVELER shall not recover any money paid for and in connection with the Program. TRAVELER agrees LEE COLLEGE is not required to take any such actions if it is not aware of the emergency or in its discretion determines no emergency exists. Should the need arise, LEE COLLEGE is authorized to provide any personal information of TRAVELER to any health care provider. Please read these forms and follow all instructions for completion. FULL DISCLOSURE REQUIRED. The information on these forms will assist health care providers in the event of a medical emergency. It is very important that all sections are completed fully and accurately. If a question is not applicable, enter N/A.

TRAVELER'S FULL NAME:

Home Address: City: State: ZIP:

Mailing Address: City: State: ZIP:

Home Phone: Work Phone:

First Emergency Contact:

Name: Relationship:

Address: City: State: ZIP:

Home Phone: Work Phone: Other:

Second Emergency Contact:

Name: Relationship:

Address: City: State: ZIP:

Home Phone: Work Phone: Other:

This form continues on the next page.

Primary Care Physician:

Name:

Office Phone:

Insurance Carrier:

Policy Number:

Medical insurance is required for program participation. Health care providers may require proof of ability to pay for services before services are rendered. If you do not have health insurance, trip insurance may be purchased from an independent insurance agency. If you purchase temporary health insurance, you must provide the name of the carrier and the policy number in the blanks provided.

If none, temporary medical insurance information must be purchased and proof attached.

MEDICAL HISTORY and INFORMATION

Describe any serious medical condition about which the trip leader needs to be aware in case you have a problem (e.g. epilepsy, asthma):

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Do you carry lifesaving medications? Explain and list those here:

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____
____

Food allergies?

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Are there any other medical or health concerns that could result in life-threatening complications?

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____

I verify that all information in this health disclosure is complete, accurate, and true to the best of my knowledge.

Signature: ____

Printed Name: ____

Date ____