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Canada's Student
Travel Experts
Since 1976

MEDICAL FORM

PERSONAL INFO

MR. MS. NAME: _____

SCHOOL / GROUP: _____

PARENTS / GUARDIANS NAME: _____

RELATIONSHIP: _____ PHONE #: _____

EMERGENCY CONTACT 1 NAME: _____

RELATIONSHIP: _____ PHONE #: _____

EMERGENCY CONTACT 2 NAME: _____

RELATIONSHIP: _____ PHONE #: _____

MEDICAL CONDITION

MEDICAL CONDITION: _____

MEDICATION: _____

EMERGENCY TREATMENT PROCEDURE: _____

NOTES: _____

PLEASE SUBMIT A SUBMIT THIS FORM WITH YOUR 'RESERVATION FORM'. KEEP A COPY WITH YOU
WHEN YOU TRAVEL AND INFORM YOUR GROUP ORGANISER(S) AND ROOMMATES OF YOUR CONDITION.