

This form is provided by Kids Alive International for your convenience. Kids Alive can hold a copy of this form if submitted, but its intended use is for the benefit of the team sending agency.

Medical Information Form

TEAM LEADERS SHOULD CARRY MEDICAL INFORMATION FOR EACH PARTICIPANT

Participant Legal Information:

Name: _____ Birthdate: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email address: _____

Passport Country and #: _____

Emergency Contact Information (*must be name of parent or legal guardian if participant is a minor child under age 18*):

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Phone Number(s): _____

Email Address: _____

Medical Information:

Family Doctor Name: _____

Family Doctor Office Phone: _____

Family Doctor Emergency Phone: _____

List recent immunizations and dates received:

List any allergies, including allergies to medications:

Health Insurance Information:

Medical Insurance Company: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Group Number: _____ ID Number: _____

International Medical Insurance: *Kids Alive International asks that all participants also be insured for international medical needs. Ask your team leader for more information first, or visit www.missiontripinsurance.com/kids-alive/ If a plan is obtained, please list it below:*

Medical Insurance Company: _____

Certificate/Policy Number: _____

Phone #: (NOT a 1-800 number, which doesn't work overseas): _____