

MEDICAL STATEMENT FOR COLLEGE ACTIVITIES REQUIRING TRAVEL

Our insurance company requires that the medical statement below be completed and signed by any person participating in any group travel for a college activity. This information will ensure proper medical treatment in the event of an accident or emergency. Please complete the appropriate block and return this form to the supervisor traveling with the group.

I, _____, am **NOT** on any medication nor are there any medical situations in my case that would require special attention in the event of any emergency or accident.

Signature

Date

Parent/Guardian Signature if Under
18 Years of Age

Date

I, _____, **AM** on medication or have a medical situation that would require special attention in the event of an emergency or accident. (Please describe) _____

Signature

Date

Parent/Guardian Signature if Under
18 Years of Age

Date

NOTE:

This information is to be retained by the staff member or supervisor traveling with the group.