

Kids Alive[®] International Medical Information Form

***TEAM LEADER SHOULD CARRY THIS FOR EACH PARTICIPANT ON SERVICE TRIP!**

Participant Legal Information:

Name:

Address:

City/State/Zip:

Phone Number:

Email address:

Passport #:

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

Name:

Address:

City/State/Zip:

Phone Number:

Cell Phone Number:

Work Phone Number:

Email Address:

Relationship to Participant:

Medical Information:

Family Doctor Name:

Family Doctor Work Phone:

Family Doctor Home/Cell Phone:

List recent immunizations and dates received:

List any allergies, including allergies to medications:

Blood Type:

Insurance Information: (*Kids Alive International requires that all participants are insured for overseas medical needs. Please ask your team leader about short-term overseas travel insurance.*)

Medical Insurance Company:

Address:

City/State/Zip:

Telephone Number:

Group Number

Identification Number: