



Medical History Information

Date:

Name:

Birthdate:

Do you have any current medical condition(s) that we should know about?

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List prescription and non-prescription medications currently taking:

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Drug sensitivity and allergies (describe):

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Date of last physical: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Do you or your child suffer from any type of anxiety that we should know about on the trip?-if so please describe: \_\_\_\_\_

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Do you or your child have any food allergies or special dietary needs? \_\_\_\_\_

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Family history — list any important medical issues that you think that we should know about: \_\_\_\_\_

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Any other special medical or other information such as emotional sensitivities that will help us know more about you or your child while traveling with us? \_\_\_\_\_

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