



## Medical Information Form

YOUR TEAM LEADER WILL CARRY A COPY FOR EACH PARTICIPANT ON SERVICE TEAM!

### Participant Legal Information:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
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 asks that all participants be insured for international medical needs. Ask your team leader about short-term international travel insurance.*)

Medical Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Identification Number: \_\_\_\_\_