WorldStrides
Educational Travel & Experiences

WorldStrides Medical Release Form

The form should be completed and returned to your Program Leader

Participant's Name _____ Birthdate _____

Street Address _____

City _____ State _____ Zip _____

Student Cell Phone (_____) _____

EMERGENCY INFORMATION

Parent / Guardian Name _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____

Parent / Guardian Name _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____

Allergies _____ Last Tetanus _____ _____

COVID-19 vaccine status at time of departure*: Fully Vaccinated ☐ Partially Vaccinated ☐ Not Vaccinated ☐

Other medical conditions

_____

_____

Medication being used (include dosage/frequency)

_____

_____

Present state of health

_____

Family Physician _____ Phone (_____)_____

Medical/Hospital Insurance Company _____Phone (_____)_____

Policy Holder's Name _____

Policy Number _____

Participants are encouraged to bring a copy of their insurance card.

AUTHORIZATION FOR TREATMENT OF MINOR

I, the undersigned, understand and acknowledge that reasonable efforts will be made to contact the parent/guardian in case of an emergency, and, if possible, before any medical treatment is administered. In the event of an emergency or if the parents cannot be notified, I hereby give permission to the Program Leader or the WorldStrides staff to secure treatment for my child. If necessary, this includes selection of physicians and medical treatment facility who are then authorized to perform such treatments as deemed medically necessary. I further give my permission for WorldStrides staff to have access to medical records relating to any treatment contemplated or received by my child and to provide such information, as necessary, to health insurance carriers. I understand that I may be responsible for all costs associated with the provision of emergency medical services or treatment.

WorldStrides cannot be responsible for accommodating any food allergies, requirements or restrictions and is not responsible for any problems associated with the same. All issues with regard to food and drink, including allergies, requirements and restrictions are the sole responsibility of the participant.

In the event of any emergencies during the trip, the undersigned hereby grants authority to be exercised at the discretion of the Program Leader or chaperone to dispense over-the-counter medication.

Parent / Guardian Name (Print) _____

Parent / Guardian Signature _____

Date _____

**Please note that vaccination is not a requirement for participation in most WorldStrides programs. If vaccination is required, you will be notified in advance of your program. In the event someone on your program tests positive for COVID-19, advance knowledge of vaccination status will help our medical advisors and local health officials quickly determine next steps for participants identified as close contacts. See the CDC website for more information.*

*"Fully vaccinated" generally means at least 14 days have passed since receiving a single dose COVID-19 vaccine **OR** a second dose of a two dose COVID-19 vaccine. The definition of "fully vaccinated" may vary by country.*