

Please fill out and place in sealed envelope with your name on the front and put in envelope with registration form, signed waiver of liability statement and check. This will be returned to you at end of the trip.

<h2 style="text-align: center;">Personal Medical Information</h2> <p>Your Name: _____</p> <p>In case of emergency contact:</p> <p>Name _____</p> <p>Phone # day _____</p> <p>Phone # eve _____</p> <p>Phone # mobile _____</p> <p>Relationship _____</p> <p>Physician _____</p> <p>Phone # _____</p> <th data-bbox="800 495 1430 1348"><p>Personal Information:</p><p>Name _____</p><p>Address _____</p><p>_____</p><p>Phone # _____</p><p>Birth date _____</p><p>Do you wear contacts? Yes No</p><p>Any hearing impairment? Yes No</p><p>Blood type _____</p><p>Health History:</p><p>Date of last physical exam _____</p><p>Allergies: _____</p><p>_____</p><p>Medication currently taken: _____</p><p>_____</p><p>Medical /Health Conditions or Precautions:</p><p>_____</p><p>_____</p><p>_____</p><p>Date of last tetanus shot _____</p></th>	<p>Personal Information:</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone # _____</p> <p>Birth date _____</p> <p>Do you wear contacts? Yes No</p> <p>Any hearing impairment? Yes No</p> <p>Blood type _____</p> <p>Health History:</p> <p>Date of last physical exam _____</p> <p>Allergies: _____</p> <p>_____</p> <p>Medication currently taken: _____</p> <p>_____</p> <p>Medical /Health Conditions or Precautions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date of last tetanus shot _____</p>
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