



Adventure Wise Trips & Tours

EXPLORE THE WORLD WITH US

Medical & Allergy Form

Private. Only the trip leader and first-aiders see this. It is deleted 90 days after the trip.

STUDENT FULL NAME

DATE OF BIRTH

TRIP & DATES

DOCTOR'S NAME

DOCTOR'S PHONE

HEALTH INSURANCE (IF ANY)

POLICY NUMBER

Conditions

- ☐ Asthma
- ☐ Diabetes
- ☐ Epilepsy / seizures
- ☐ Heart condition
- ☐ Sickle cell
- ☐ Travel sickness
- ☐ Anxiety or panic attacks
- ☐ None of these

DETAILS, OR ANYTHING ELSE WE SHOULD KNOW

Allergies

- ☐ Peanuts / tree nuts
- ☐ Shellfish / fish
- ☐ Dairy
- ☐ Gluten
- ☐ Insect stings
- ☐ Medicines (e.g. penicillin)
- ☐ None

REACTION AND WHAT TO DO

CARRIES AN EPIPEN? (YES / NO)

Medicines on the trip

Pack all medicines in the original box with the pharmacy label.

MEDICINE

DOSE

WHEN

MEDICINE

DOSE

WHEN

Food

- ☐ Vegetarian
- ☐ No pork
- ☐ Halal
- ☐ Other (write below)

OTHER FOOD NEEDS

PARENT / GUARDIAN SIGNATURE

DATE