Castleton Travel Health Form

I understand that Castleton College requires all students to be covered by appropriate medical and accident insurance and requires that I will be financially responsible for all medical expenses. I also understand that the College is not responsible for and does not insure against loss, theft, or damage to my personal property.

I furthermore understand that regardless of the customs and laws regarding consumption of alcohol and other drugs where I am travelling, excessive consumption of alcohol and other drugs increases risk to my personal safety.

In the event that I am rendered unable to give my consent, I hereby authorize the program leader(s) to consent for me to receive any medical services and treatment as may be

deemed by a licensed physician necessary or advisable for me for the duration of my incapacity or until the end of the travel, whichever is sooner. date of birth name of participant (please print) student ID# Medical Insurance Insurance Company: _____ Name of Insured: Policy #: _____ Emergency Contact Name of Emergency Contact: Relation to you: work cell home Address: street

city state zip

Health Information	
We understand this information is personal but it is important for us to have a anything happens to you and you are not able to speak for yourself. information private.	
Do you take any prescription medications? If yes, please list your meds here and indicate (briefly and generally) why yo	ou take it.
Do you have any allergies or dietary restrictions? If yes, please describe.	
Do you have any conditions that might affect your ability to travel and/or pthis trip's activities? If yes, please explain.	participate in any of
I attest that the information I provided on this form is thorough and true.	
signature of participant date	