



MEDICAL FORM

I _____ will travel to the Dominican Republic as part of CLIMB from August, 2021 to May, 2022. SCORE International has permission to make any decisions regarding medical emergencies on my behalf if I am unable to do so. I will not hold SCORE International responsible for sickness and accidents that may occur while part of this program. I realize that I am responsible for providing medical insurance.

Name of insurance company _____

Group Number _____ Policy Number _____

Name any health concerns you have _____

Name any food or medication allergies you have _____

History of disease (Y/N):

Heart _____ Please explain _____

Kidney _____ Please explain _____

Lung _____ Please explain _____

Please list two contacts in case of an emergency

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Signature _____ Date _____