

COSTA RICA 2009

Application & Health Information

Personal Information:

name: _____ age: _____

street address: _____

city: _____ state: _____ zip code: _____

home phone: _____ birthday: _____

work phone: _____ male: _____ female: _____

cell phone: _____

e-mail: _____

grade: (circle one) Freshman Sophomore Junior Senior

Parent/Guardian Information:

name: _____

street address: _____

city: _____ state: _____ zip code: _____

home phone: _____

work phone: _____

cell phone: _____

e-mail: _____

Additional Emergency Contact Information: If there is someone we should contact in addition to your parents/guardians please fill out this section. Otherwise, just leave it blank.

name: _____

relationship to you: _____

phone: _____

e-mail: _____

Health/Medical Information: Please answer each of the following questions. Please provide a copy of your health insurance card (both front and back).

insurance provider: _____

policy number: _____

1. List any medications taken regularly (including anti-depressants and oral contraceptives). Include the name of the drug, amount taken (dose), and how often it is taken.

2. List any food allergies. Please describe your reaction to any foods you are allergic to.

3. List any other allergies (medications, bee stings, etc.). Please describe your reaction to whatever you are allergic to. List any medications taken for these conditions.

4. Check any of the following conditions that apply.

- Asthma
- Bleeding tendency
- Cancer
- Colitis
- Diabetes
- Epilepsy (seizures)
- Heart Disorder
- High Blood Pressure
- Ulcers
- Migraine Headaches

If you checked any of the above conditions, please state how you keep the condition under control.

5. Please list any other medical conditions we should be aware of.

6. Are you up-to-date with each of your immunizations as required by the State of Florida?

7. Please list the date of your last Tetanus shot.

Please answer each of the following questions.

8. Do you have a current passport? If your answer is yes, please attach a copy of it.

9. Do you speak Spanish? If yes, how well?

10. What skills or talents do you have that can contribute to the success of this trip (construction experience, music, relate well to children, etc.)?

11. Why do you wish to participate in this trip?