



CulturED Travel Medical Release Form

It is pertinent for CulturED to be aware of necessary medical information for all participants in order to address any needs or incidents which could arise while on tour. As stated in the release form, all participants are to be responsible for their own medical needs unless in the case of an emergency (in which case CulturED reserves the right to seek medical treatment as needed on the participant's behalf, and will be held harmless in such a situation). Participants must be able to administer any medications they require and maintain possession of such medications at all times. CulturED may not be held responsible or liable for any medications or treatments for participants. CulturED will do its best to accommodate any dietary needs when informed of the needs of a participant in advance. If dietary needs of a participant are not provided in advance or not provided clearly, it may be impossible to accommodate such needs at meal time while on tour. CulturED Travel Programs and Trips do not include attending medical personnel. Please fill out the following information clearly and concisely and sign the acknowledgement portion of this form below.

Participant Name:

Emergency Contact Name and Phone Number:

Prescription Medications and dosages:

It is requested that participants have copies of any prescriptions with them while on tour.

Over-the-counter Medication permitted to be taken on tour (please list any over-the-counter medications which the participant will have in their position while traveling):

Medical Insurance Coverage (please list the contact information and policy information for the participant's primary medical insurance as well as any supplemental medical insurance for the purpose of travel)

*All participants are expected to have a form of medical coverage applicable to the region of travel. It is understood that CulturED assumes no risk or liability involving medical costs a participant may incur.

Allergies, dietary restrictions, special needs, Pre-existing medical conditions, or other important medical information:

*All signatures acknowledging accurate completion of this form must be done through our online registration process and our e-signature forms.