

COLGATE UNIVERSITY

Medical Information

(Required for domestic and Canadian student travel)

This form contains confidential information which will be maintained in a secure location with the Staff Trip Coordinator and used in the best interest of the student's health and safety.

Name: _____ Date: _____

(Last) (First) (Middle)

Student Group _____ Academic Year: _____

Trip destination _____ Travel dates _____

Emergency contact information:

Name _____ Relationship _____

Contact phone number(s) _____

Medical information:

Allergies _____

Current medications _____

Chronic/On-Going health problems _____

Medical Insurance:

Name of Provider _____ Policy ID # _____