

Student Travel Information Form

Emergency Contact and Medical Information

Student's Name	Date of Birth	M	F
		Sex	
Cell Phone Number	Emergency Contact Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Email Address			
Address			
City, ST		ZIP Code	

Alternative Emergency Contacts

Secondary Emergency Contact	()	()
	Home Phone	Work Phone
Email Address		
Address		
City, ST		ZIP Code

Any Medical Information the Instructor Should Know

Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics as needed in an emergency and waive my right to informed consent of treatment. [In the case of a minor: This waiver applies only in the event that neither parent/guardian can be reached in case of an emergency.]

Student Signature [Parent/Guardian if a minor student.] _____ Date _____

For minor students:

I give permission for my Student to go on field/study trips. I release LBCC from liability in case of accident during activities related to LBCC as per the risk acknowledgment waiver signed relative to this activity.

Parent/Guardian Signature _____ Date _____

Witness Signature _____ Date _____

Other documentation needed: Attach to this document a copy of passport data page, driver's license, & airline ticket. Email a digital photo to your instructor.