

Medical Form for Imprint Tours

(Please complete one Medical Form per tour participant)

Tour participant: _____ Tour/Date: _____

This is a two-part form in which we need medical information from you, the name of persons to contact in case of an emergency, as well as the name and phone number of your current physician. All information provided below is maintained in the utmost privacy and is requested so that your guide may provide this information to an attending physician in the event of any medical emergencies during your tour.

Part 1: Medical Information (please print clearly)

Please list any past or present health problems or conditions that will or may affect, limit or inhibit your ability to participate in the tour (such as adverse effects of obesity, heart disease, dietary restrictions, allergies, arthritis, deafness, cancer, alcoholism, mental conditions, etc.) and any medication you are currently taking to treat these health issues. We reserve the right, prior to the tour, to ask for a doctor's written approval verifying that you are physically able to travel with us if we have any reason to believe that the rigors of this tour may further impair your health.

Health Issues: _____

Allergies: _____

Dietary Restrictions: _____

Prescription Medications	Dosage per day	Condition Medication Treats
_____	_____	_____
_____	_____	_____
_____	_____	_____

If taking more than 3 prescription medications, please attach a complete list

Doctor's Name: _____ Phone: _____ City/State: _____

Part 2: Emergency Contacts

Please list the names of persons you wish us to contact in case of an emergency during your tour. We ask for their telephone numbers, including area code, and an email address. The email address will only be used to provide important information regarding your tour in an expedient manner. The email address will not be shared with anyone outside Imprint Tours

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Day Phone: _____ Day Phone: _____

Evening Phone: _____ Evening Phone: _____

Email: _____ Emails: _____

Each Tour Participant must complete and sign this form prior to participating in the tour.
Parent or legal guardian must also sign for any person under 18 years of age.

I represent that the above information is complete and accurate.

Tour Participant's Signature: _____ Date: _____

Parent or Legal Guardian's signature: _____
(If tour participant is under age 18)

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