

PLEASE PRINT: Submit this form WITH Application Form to Intercambio Office.

EMERGENCY INFORMATION

Intercambio Cultural Maya

December 27, 2011 – January 7, 2012

FULL LEGAL NAME _____
(Note: This MUST MATCH Passport).

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PERMANENT HOME PHONE NUMBER (include area code) _____

DAYTIME (WORK/SCHOOL) PHONE NUMBER (include area code) _____

CELL PHONE NUMBER (include area code) _____

PASSPORT NUMBER _____ EXPIRATION DATE _____

BIRTH DATE (MO/DAY/YR) _____

What existing medical, physical or emotional conditions or allergies do you have of which the leadership team should be aware?
Describe any existing condition(s) or non-food allergy(ies).

Describe any requirements for special care or treatment:

Are you a vegetarian? YES NO

If YES, please describe any food requirements or limitations:

Do you have any food allergies? YES NO

If YES, please list the foods you need to avoid:

List two people (non-participants) we can contact in the event of an emergency

(1)
Name _____ Relationship to you _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____ E-mail _____

(2)
Name _____ Relationship to you _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____ E-mail _____