

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

## EMERGENCY INFORMATION

*Intercambio Cultural Maya*

December 27, 2010 – January 8, 2011

FULL 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 \_\_\_\_\_