

Student should carry on their person a card bearing all insurance information, including his/her Social Security number and the insurance company name, subscriber and policy number.

Insurance Co: _____
Policy No: _____
Subscriber: _____
Ins Co Phone: _____

Winston-Salem Grand Western Tours, Inc.
MEDICAL PARTICIPATION FORM (Page 1 of 2)

**A current examination should be made by the family physician and the completed form mailed before
May 1st to Winston-Salem Grand Western Tours, Inc., 330 Bluff Lane, Salisbury, NC 28146-7449**

Student's Name _____ Birthdate: _____

Home Address _____

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Name _____ ☐ Mother ☐ Father Phone _____

Address (if different) _____

Second Parent/Guardian with legal custody OR other emergency contact:

Name _____ Relationship _____ Phone _____

Address (if different) _____

PHYSICAL CONDITION AND HISTORY

Does the participant have any physical, emotional, and/or other health problems? ☐ Yes ☐ No If Yes, Explain: _____

Known allergies or drug reactions? ☐ Yes ☐ No If yes, Explain: _____

Are there any restrictions from activities for the Participant? ☐ Yes ☐ No If yes, Explain: _____

Immunization Record: Please Attach.

Diphtheria, Tetanus, Pertussis (DTP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tetanus booster	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps, Measles, Rubella (MMR)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meningococcal Meningitis (MCV4)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Polio (IPV)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Varicella (chicken pox)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Haemophilus Influenzae Type B (HIB)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had chicken pox	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumococcal (PCV)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Date: _____

Other Pertinent History:

Motion Sickness	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADD/ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Orthopedic Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eating Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Significant life event that continues to affect the student's life? (History of abuse, death of a loved one, family change, new sibling, survived a disaster, others.) ☐ Yes ☐ No _____

MEDICATIONS: "Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Please provide enough of each medication to last through the tour. Many states require original pharmacy containers with labels which show the student's name and how the medication should be given. Please list here any medications that the student will be taking while on tour: _____

I have examined the above applicant and have found him/her physically and emotionally able to go on the Grand Western Tour this summer.

Date _____ Signed _____, M.D.

Winston-Salem Grand Western Tours, Inc.
MEDICAL PARTICIPATION FORM (Page 2 of 2)

In case of an emergency or sickness, every effort will be made to call the legal guardian(s) set out in the *Medical Participation Form*. If the legal guardian(s) will be away from the listed telephone number, please contact Winston-Salem Grand Western Tour with a better telephone number where you may be contacted. In the rare case that we cannot reach the legal guardian(s), please consider signing the release and authorization below.

MEDICAL RELEASE

In an emergency, the Winston-Salem Grand Western Tours, Inc. Tour Director, Glenn Jordan, has my (our) authorization to sign the necessary admission forms and operative permits for _____.

PRINT STUDENT'S NAME

Legal Guardian (Print Name)

Legal Guardian (Signature)

Legal Guardian (Print Name)

Legal Guardian (Signature)