

**Singing City and the Bucks County Choral Society  
Brazil Tour July 2009  
Medical Information Form**

The intent of this information is for emergency use only. All information will be kept secure and confidential.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ M \_\_\_ F \_\_\_  
E-mail \_\_\_\_\_  
Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Alternate Contact \_\_\_\_\_  
Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Personal Physician \_\_\_\_\_  
Health Insurance \_\_\_\_\_  
Member Services Number (on card, toll free)

Office Phone \_\_\_\_\_  
ID # \_\_\_\_\_ Group # \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

**Vaccine Dates:**

Recommended: Tetanus \_\_\_\_\_ Hepatitis A \_\_\_\_\_  
Optional: Hepatitis B \_\_\_\_\_ Yellow Fever \_\_\_\_\_ Other (Type) \_\_\_\_\_

Any Special Medical Problems (especially related to travel):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications (Prescription and Non-Prescription):**

<u>Name</u>	<u>Dose</u>	<u>Frequency</u>	<u>Diagnosis</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(continue over if needed)