**EVANSVILLE DAY SCHOOL TRAVELER PROFILES**

Please complete and return to Anna by **March 12th**. Please ensure that names are spelled the **same way** as they appear in passports.

**Please submit a colored copy (scanned picture) of each traveler’s passport – signature and photo pages.**

|  |
| --- |
| **Traveler 1 Information**  |
| First name: |  | Middle: |  | Last name: |  |
| DOB(mm/dd/yy) |  | Gender: |  | Traveling as US Citizen:Yes/No |
| Address: |  | City: |  | State |  | Zip |  |
| Phone: |  | Email(s): |  |
|  |
| **Traveler 1 Passport Information** |
| Passport #: |  | Nationality: |  | Place of birth: |  |
| Issue Date: |  | Expiration: |  | **Submit copy of passport**  |
|  |
|  |
| **Traveler 2 Information** |
| First name: |  | Middle: |  | Last name: |  |
| DOB(mm/dd/yy) |  | Gender: |  | Traveling as US Citizen:Yes/No |
|  |
| **Traveler 2 Passport Information** |
| Passport #: |  | Nationality: |  | Place of birth: |  |
| Issue Date: |  | Expiration: |  | **Submit copy of passport** |
|  |
|  |
| **Traveler 3 Information** |
| First name: |  | Middle: |  | Last name: |  |
| DOB(mm/dd/yy) |  | Gender: |  | Traveling as US Citizen:Yes/No |
|  |
| **Traveler 3 Passport Information** |
| Passport #: |  | Nationality: |  | Place of birth: |  |
| Issue Date: |  | Expiration: |  | **Submit copy of passport** |
|  |
|  |
| **Traveler 4 Information** |
| First name: |  | Middle: |  | Last name: |  |
| DOB(mm/dd/yy) |  | Gender: |  | Traveling as US Citizen:Yes/No |
|  |
| **Traveler 4 Passport Information** |
| Passport #: |  | Nationality: |  | Place of birth: |  |
| Issue Date: |  | Expiration: |  | **Submit copy of passport** |
|  |
|  |
| **Emergency Contact 1 Information** |
| First name: |  | Last name: |  | Relationship: |  |
| Cell Phone: |  | Email: |  |
|  |
| **Emergency Contact 2 Information** |
| First name: |  | Last name: |  | Relationship: |  |
| Cell Phone: |  | Email: |  |

**Traveler Health and Medical Profile**

This form helps ensure that we are aware of relevant medical information, so that if needed, we can address any situations that may arise during our international trip. It is important to fill out this form completely and accurately. **Each traveler must have a health/medical profile form completed.**

**Traveler 1 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies:** Please list allergies (food/medication, etc.) and describe what should be done in case of a reaction.

|  |
| --- |
|  |
|  |

**Medical conditions:** Please list any pre-existing medical conditions (seizures, diabetes, health issues, disorders). Any warning sings? What should be done in case of emergency?

|  |
| --- |
|  |
|  |

**Prescription medication:** All prescriptions must be up-to-date and in the original packaging – please pack these in your carry-on bag. List any prescription medications that the traveler is currently take for pre-existing medical conditions.

|  |
| --- |
|  |
|  |

**Any other information:** Is there any other information about the traveler, health or medical history that we should now about? If so, please list here.

**Traveler 2 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies:** Please list allergies (food/medication, etc.) and describe what should be done in case of a reaction.

|  |
| --- |
|  |
|  |

**Medical conditions:** Please list any pre-existing medical conditions (seizures, diabetes, health issues, disorders). Any warning sings? What should be done in case of emergency?

|  |
| --- |
|  |
|  |

**Prescription medication:** All prescriptions must be up-to-date and in the original packaging – please pack these in your carry-on bag. List any prescription medications that the traveler is currently take for pre-existing medical conditions.

|  |
| --- |
|  |
|  |

**Any other information:** Is there any other information about the traveler, health or medical history that we should now about? If so, please list here.

**Traveler 3 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies:** Please list allergies (food/medication, etc.) and describe what should be done in case of a reaction.

|  |
| --- |
|  |
|  |

**Medical conditions:** Please list any pre-existing medical conditions (seizures, diabetes, health issues, disorders). Any warning sings? What should be done in case of emergency?

|  |
| --- |
|  |
|  |

**Prescription medication:** All prescriptions must be up-to-date and in the original packaging – please pack these in your carry-on bag. List any prescription medications that the traveler is currently take for pre-existing medical conditions.

|  |
| --- |
|  |
|  |

**Any other information:** Is there any other information about the traveler, health or medical history that we should now about? If so, please list here.

**Traveler 4 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies:** Please list allergies (food/medication, etc.) and describe what should be done in case of a reaction.

|  |
| --- |
|  |
|  |

**Medical conditions:** Please list any pre-existing medical conditions (seizures, diabetes, health issues, disorders). Any warning sings? What should be done in case of emergency?

|  |
| --- |
|  |
|  |

**Prescription medication:** All prescriptions must be up-to-date and in the original packaging – please pack these in your carry-on bag. List any prescription medications that the traveler is currently take for pre-existing medical conditions.

|  |
| --- |
|  |
|  |

**Any other information:** Is there any other information about the traveler, health or medical history that we should now about? If so, please list here.