



2018 UNICEF USA Annual Summit
Minor Medical Emergency Form for Travel
March 10th – 13th, 2018, Washington D.C.

Please provide the following information as it appear on the minor’s travel documents.

Contact Information

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Mobile Number: _____ Email: _____
Date of Birth: _____ Gender: _____
School Name: _____

Emergency Contacts

Last Name: _____ Last Name: _____
First Name: _____ First Name: _____
Relationship: _____ Relationship: _____
Primary Phone Number: _____ Primary Phone Number: _____
Secondary Phone Number: _____ Secondary Phone Number: _____
Email: _____ Email: _____

Medical Information :

Minor ’s doctor/healthcare provider : _____ Phone Number : _____
Insurance Information (Include Group’s Name, ID Number, Group Number, and Subscriber) :

Health Conditions :

- List all allergies to food, medication, and/or environmental:
 - Detailed the reaction:
 - Does it require an EpiPen or any medication (if so, please list):
- List any medical condition, serious injuries and/or surgeries and recommended treatment that we should be aware of in case of an emergency:
- List any medications taken or treatments done at home (if not already listed):
- Please list any dietary, physical, or other special Needs we should take into account:

The information on this form may be shared confidentially with event organizers and emergency responders as needed. In the event of a medical emergency with my child, I understand every effort will be made to inform me. If emergency care is needed, I authorize qualified professionals to provide assessment, diagnosis and any necessary emergency treatment. I understand that event organizers assume no financial liability for expenses incurred due to accident, injury and/or unforeseen circumstance.

Parent/Guardian Signature

Printed Name

Date