



Albright College Faculty-Led Travel Abroad Alumni Form

A. Personal Information

Date: _____

Name: _____
(Last) (First) (M I)

Birth Date: _____ Birth Place: _____ Citizenship _____

Email: _____ Class Year: _____

Cell Phone: _____ Home Phone: _____

Address: _____

Do you have a Passport? _____ If yes, Passport Number: _____
Expiration Date: _____

Emergency Contact—Please provide the name, address and relationship of the person who should be notified in the case of an emergency:

(Name) (Relationship to you)

Address: _____

Home phone: _____ Work phone: _____

Email address: _____ Cell phone: _____

(Initial) I give Albright College Permission to speak with my emergency contact in the event of an emergency.

B. Relevant Information

Have you traveled outside of the US before? If so, where have you traveled?

Please list any dietary restrictions (include vegetarian/vegan): _____

Please list any allergies (food, drugs, significant environmental, etc.) and type of reaction _____

C. Medical Information

Please indicate whether we should be aware of any medical, physical or psychological conditions which may affect you while you are overseas (Feel free to attach another sheet). Disclosures of medical conditions are solely for the knowledge of the faculty and staff member(s) leading this trip. Information will NOT be provided to anyone not directly involved with the trip. **Note: The information below is requested to best meet your medical or psychological needs while on the trip. This information will be available to the trip leaders so that they may best prepare for the trip and offer any needed accommodations. It will be destroyed after return to the US and remain confidential otherwise.**

Are you currently under treatment of a doctor for the above medical or psychological condition(s)?
_____ Yes _____ No

If Yes, Name of Treating Physician: _____

Physician Phone Number (_____) _____

Please list any medications regularly taken:

Please list any known allergies (including food, drug and environmental) and type of reaction:

*Please submit your form to Ralia C. Vardaxis in Alumni & Donor Engagement at
rwardaxis@albright.edu.*



Do you carry an EpiPen? _____ Yes _____ No

Please describe any special needs or services you may need during your travel abroad program:

Please note that the release of confidential information is strictly voluntary and will not affect your participation in the program, however failure to alert Albright College of any serious medical or psychological conditions which may require special accommodation overseas, or which may result in serious injury to either yourself or others, could lead to your dismissal from the travel abroad program.

D. Traveler Agreement

I hereby verify that all of the information contained in this form is accurate and complete. I acknowledge that failure to provide accurate and complete information, including notification to Albright College of changes in my health affecting the accuracy or completeness of the information contained in this form, may affect my quality of care and could result in my dismissal from the program. I agree to notify the Albright College AVP of Alumni & Donor Engagement of any significant changes in my health that occur prior to the start of the program or while on the program.

Traveler's Signature

Date

*Please submit your form to Ralia C. Vardaxis in Alumni & Donor Engagement at
rvardaxis@albright.edu.*