



# SCORE INTERNATIONAL Application / Medical Release Form

Please Return to: Office: (423) 894-7111 \* FAX: (423) 894-7303  
www.scoreinternational.org

**TO PAY BY CREDIT CARD:**  
1. CONTACT OUR OFFICE  
2. PAY ONLINE THROUGH  
OUR WEBSITE

SCORE Trip Date: \_\_\_\_\_ Group Name: \_\_\_\_\_ Country: \_\_\_\_\_

Full Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
*(Name as it appears on your passport)*

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Birthplace \_\_\_\_\_ Citizenship \_\_\_\_\_

Single Married Male Female U.S. Passport #: \_\_\_\_\_

**FOR MINORS ONLY:**

As the parent/legal guardian of \_\_\_\_\_, I request that in my absence, the named person be admitted to any hospital or medical facility for diagnosis and treatment.

**All minors must carry a notarized Parental Consent Form with them to the airport.**

Parent/Guardian Name: \_\_\_\_\_

Parent Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**ADULT & MINOR MEDICAL RELEASE:**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate any pertinent information we should have concerning any medical problems you may have:

\_\_\_\_\_

Are you taking any medication that we should be aware of? \_\_\_\_\_

Are you allergic to any form of medication? \_\_\_\_\_ Other allergies \_\_\_\_\_

Food allergies \_\_\_\_\_

Do you have any history of heart problems? No Yes, what kind? \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Policy Holder's Name: \_\_\_\_\_

By signing below I acknowledge that SCORE International has my permission to make any decisions regarding medical emergencies on my behalf if I am unable to do so. I also agree with the terms in the Policy and Procedure Manual.

**Read our Policy & Procedures Manual (go to [www.scoreinternational.org/resources/forms&documents](http://www.scoreinternational.org/resources/forms&documents)) and sign below:**

Trip Participant (or Parent/Guardian) \_\_\_\_\_  
*(Signature required here)*

Please Fax this form to SCORE International @ (423) 894-7303 or email to [info@scoreinternational.org](mailto:info@scoreinternational.org)