

# MEDICAL PROFILE

carpe diem education

Your Name: \_\_\_\_\_

Your Program: \_\_\_\_\_ Season: \_\_\_\_\_

Allergies (please note "severe" when appropriate?): \_\_\_\_\_

\_\_\_\_\_

Physical issues that might affect hiking, volunteering, or traveling?: \_\_\_\_\_

\_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

Mental health diagnoses (please state whether current or when last symptomatic):

\_\_\_\_\_

\_\_\_\_\_

Dietary needs: \_\_\_\_\_

Other: \_\_\_\_\_



To the best of my knowledge, I verify that the above information is true. **Any misinformation may result in immediate termination from your program** at Carpe Diem Education's sole discretion.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (REQUIRED)

\_\_\_\_\_  
Date

## CONSENT FOR MEDICAL TREATMENT OF A **MINOR** CHILD and AUTHORIZATION TO TRANSPORT A **MINOR** CHILD INTERNATIONALLY

As the parent or legal guardian of \_\_\_\_\_ (Print Name), I hereby give Carpe Diem International Education and Carpe Diem Staff consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

I also hereby authorize any and all representatives of Carpe Diem International Education to escort our minor child out of the United States.

**Signatures of both Parents or Guardian**

\_\_\_\_\_ and \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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