



College Study Tours

Traveler Health and Medical Information

Information for Group Leaders

To help ensure your travelers have an enjoyable program, please take the time to gather the following information. As the Group Leader, you are responsible for your group's safety, so it's important that you are familiar with the health and medical background of your travelers. It's also important that you inform your Program Coordinator in advance of any issues that will require special accommodations or attention.

The information below guides you through the topics to discuss with travelers and their parents. You should also have every traveler—both minors and adults—complete the attached Traveler Health and Medical Profile prior to your program.

Special needs

Does anyone require special accommodations while traveling (wheelchair, interpreter, etc.)? While we cannot guarantee that we can accommodate every special need, it's important that you inform your Program Coordinator in advance so we can look into available options.

Allergies

Does anyone have allergies to medication, food, etc.? Are you aware of how to handle the situation in the event of a reaction? For example, if a traveler carries an EpiPen for a nut allergy, you should know where to find it and how to administer it.

Medication

Does anyone take prescription medication? Prescriptions must be up-to-date and in the original packaging, and should be packed in the traveler's carry-on bag with copies of the prescription paperwork. You should be aware of every prescription in a traveler's possession, as well as their dosage requirements. Additionally, you should let your students know what over-the-counter medications you will bring and ask if you can administer these medications if needed.

Medical conditions

Does anyone suffer from pre-existing medical conditions (seizures, diabetes, mental health issues, etc.)? If so, you should be aware of potential warning signs and know what to do in the event of an emergency.

Insurance

Have all of your travelers enrolled in the Global Travel Protection plan? If not, please tell them to contact their primary insurer to verify coverage abroad. Additionally, remind them to bring the relevant policy/contact details about their primary insurer while traveling, regardless of whether they are enrolled in the insurance coverage offered by EF.



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Traveler Health and Medical Profile

This form helps ensure that your Group Leader is aware of relevant medical information so they are able to address any situations that may arise while traveling. It's important to fill out this form completely and accurately and return it to your Group Leader prior to your program. We also recommend that you be aware of the health- and disease-related issues unique to your intended destination. Please consult the Centers for Disease Control and Prevention (cdc.gov) and its specific section "Traveler Health" before your trip.

Traveler's name _____

Emergency contact name _____

Emergency contact phone number _____

Special needs

Do you require any special accommodations while traveling? (wheelchair, interpreter, etc.)

Allergies

Are you allergic to any medication, food, etc.? What should be done in case of a reaction? (EpiPen, etc.)

Prescription medication

Do you take any prescription medications? If so, all prescriptions must be up-to-date and in the original packaging, and should be packed in your carry-on with copies of the prescription paperwork. Please list prescriptions and dosage information.

Over-the-counter medication

The Group Leader may administer certain over-the-counter medications if necessary. Are there any restrictions that the Group Leader should be aware of?

Medical conditions

Do you suffer from any pre-existing medical conditions (seizures, diabetes, mental health issues, eating disorders, etc.)? What are the warning signs that the Group Leader should be aware of, and what should be done in the event of an emergency?

Primary insurance coverage

Even if you have enrolled in the Global Travel Protection plan offered by EF, it is secondary to your primary insurance. Please provide the policy and contact information for your primary insurer.

Any other information

Is there any other information about your health or medical history that should be conveyed to your Group Leader prior to the program? If so, please list here.

Signature _____

Date _____