

# *Belle France Tours*

## **MEDICAL INFORMATION FORM**

Each tour participant should complete and sign this form before registration is confirmed. This information is kept strictly confidential. Below, please list any health problems or conditions, or any physical, mental, or emotional disabilities that may affect your ability to participate in the tour. This information is needed so that **Belle France Tours** may be aware of your medical conditions, should emergencies arise during the tour. You are strongly encouraged to purchase health insurance that covers you while you are out of the country, as **Belle France Tours** cannot be held liable should a medical emergency arise. Even if no health or medical conditions exist, all participants should complete and sign the emergency contact portion of the form, and return it with your deposit and completed registration form.

**Name** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Tour date:** \_\_\_\_\_

**Past or Present health problems:**

**Medications:**

**Emergency Contacts:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone (day)** \_\_\_\_\_ **(eve)** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone (day)** \_\_\_\_\_ **(eve)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Thank you!**