

US & Canada Programs Health & Safety Form

Please read carefully and complete **both sides**. If you need additional space, please attach another page.

Program Number & Date # _____

Elderhostel Student ID # _____

Your Student ID can be found on your Enrollment Confirmation notice)

Name _____

Last, First – exactly as it appears on your passport

Preferred First Name _____

(For Name Tag)

Home Address _____

Street and/or Box Number

City

State

Zip code

Home Tel. (____) _____ - _____ Alternate Telephone or E-mail _____

Female Male Age _____ Birthday _____ Non-Smoker Smoker

Month Day Year

Traveling Companion Name _____ Companion's Student ID # _____

PASSPORT INFORMATION *(Required for programs that travel outside the United States)*

Number _____ Date Issued _____ Expiration Date _____

Country of Issue _____ Place of Birth _____

City

State

Country

We recommend that all participants carefully consider the demands of this program as described in Elderhostel materials and consult with their physician about participating well before departure.

Special Needs: Elderhostel is committed to accommodating all individuals who want to participate in our programs. We cannot, however, assure your comfortable participation if you do not share with us your individual needs. If you have limited mobility or are otherwise physically challenged, you must describe your condition or circumstances to Elderhostel in advance, so that we can make adequate accommodation or arrangements for you. If you do not advise us in advance of your requirements and you arrive at a program in which the facilities or transportation vehicles are unable to accommodate you, we may have to send you home. So, please be honest in assessing your own abilities and in sharing that information with us in order that we may best serve you.

General Information: Most Elderhostel programs involve walking over variable surfaces and terrain, climbing steps and stairs, getting on and off transportation conveyances, and occasionally carrying your own baggage. Weather conditions are often unpredictable. The physical characteristics of buildings (classrooms, sleeping accommodations, bathroom facilities, dining halls, etc.) and walking distances differ from site to site. Meals commonly consist of local foods prepared according to local tastes. **Special dietary requests CANNOT be guaranteed.**

Elderhostel urges participants who will be taking long flights to consult their physician for advice on how to avoid DVT (Deep Vein Thrombosis). DVT is a rare condition caused by the formation of a blood clot in one of the body's deep veins, usually in the legs, that can move throughout the body. Immobility during long flights is believed to increase the risk of developing DVT.

Emergencies: As noted in the *Welcome to United States & Canada Programs* pamphlet included with your enrollment notice, Emergency Evacuation Insurance is included in the cost of your Elderhostel program. It is essential that you advise our staff of any problem if/when it first arises. Should you become ill or be injured during the program, program staff will make every reasonable effort to find local medical help. Should you become seriously ill or be severely injured and unable to participate in the program, arrangements will be made to return you home as quickly and safely as circumstances allow. Please provide all information that would be important to know in an emergency or that could affect your participation in the program. A copy of this form will be given to the Group Leader. For the sake of your health and safety and that of your fellow Elderhostelers, accurate responses and complete disclosure are necessary. ***Thank you!***

The granting or denial of admission to a program is within the sole discretion of Elderhostel Inc. Elderhostel may revoke admission or terminate participation at any time if, in the opinion of Elderhostel, a participant's condition, behavior or actions are problematic, inappropriate or disruptive.

PLEASE CONTINUE & COMPLETE THE FORM ON THE REVERSE

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Blood Type _____ Do you have any **RESTRICTIVE FOOD ALLERGY**(s)? No Yes If "Yes," please specify:
(If known) (Participants, **not** Elderhostel or Program Providers, are responsible for making sure they do not
consume foods to which they are allergic)

Do you have **MEDICAL CONDITION**(s) such as allergies, injuries, depression, diabetes, emphysema, heart condition, seizures, recent surgery, or others that would be important to know about in case of an emergency? No Yes If "Yes," please specify:

Do you have any **IMPAIRMENT**(s) or **RESTRICTION**(s) such as impaired mobility, hearing, vision, etc., that may prevent you from participating fully in the entire program as described by the program description or require special rooming and/or arrangements, equipment, or assistance for you to participate in the program? No Yes If "Yes," please specify:

Do you use or transport any of the following items on a regular basis: Cane Walker Wheelchair Scooter Oxygen
If "Yes," please specify which one(s) and why, and if you will bring to the program:

Do you require prescription medication(s) on a regular basis? No Yes If "Yes," please list and indicate reason(s) for taking:

Primary Care Physician _____ Tel. Number (_____) _____ - _____
Elderhostel reserves the right to contact your physician *24-hour emergency # if available*

Do you have private medical/accident/illness insurance coverage (other than Medicare)? No Yes If "Yes," please specify:

Name(s) of Insurance Company(s) and Policy Number(s)

Next-of-kin / person to notify in event of an emergency (*someone other than your traveling companion*):

Name _____ Relationship _____

Address _____

Home Tel. (_____) - _____ - _____ Alternate Telephone or e-mail _____

Is there any additional information you would like us to know? _____

For your well-being and that of your fellow Elderhostelers, an accurate and complete Health and Safety form is REQUIRED for your participation and **MUST be completed, signed, and returned to the Program Provider as noted below no less than **two** weeks prior to the program start date. **Failure to do so will jeopardize your ability to participate in the program.****

Signed _____ Date _____

Return this form to: