



Educational Tours

TRAVELER HEALTH AND MEDICAL INFORMATION

Information for Group Leaders

To help ensure your travelers have an enjoyable tour, 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 Tour Consultant in advance of any of these issues that require special accommodations or attention while on tour.

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

Special needs

Does anyone require special accommodations on tour (wheelchair, interpreter, etc.)? While we cannot guarantee that we can accommodate every special need, your Tour Consultant 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.

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 case of emergency.

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 parents know what over-the-counter medications you will bring on tour and ask if you can administer these medications to their child.

Insurance

Have all of your travelers enrolled in the Insurance Coverage 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 with them on tour, 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 on tour. It's important to fill out this form completely and accurately and return it to your Group Leader prior to the tour.

Traveler's name _____

Emergency contact name _____

Emergency contact phone number _____

Special needs

Does your child/do you require any special accommodations on tour? (wheelchair, interpreter, etc.)

Allergies

Is your child/are you allergic to any medication, food, etc.? What should be done in case of a reaction? (EpiPen, etc.)
EF recognizes that some travelers may have severe allergies. We will do our best to ensure that tour suppliers are informed of the situation, but we cannot guarantee that all requests are accommodated.

Medical conditions

Does your child/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 case of emergency?

Prescription medication

Does your child/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 child's carry-on bag 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 to your child/you if necessary. Are there any restrictions that the Group Leader should be aware of?

Primary insurance coverage

Even if your child has/you have enrolled in the Insurance Coverage 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 child's/your health or medical history that should be conveyed to your Group Leader prior to the tour? If so, please list here.

Parent/legal guardian signature _____ Date _____