



SCORE INTERNATIONAL Application / Medical Release Form

Please Return to: Office: (423) 894-7111 * FAX: (423) 894-7303
www.scoreinternational.org

TO PAY BY CREDIT CARD:
1. CONTACT OUR OFFICE
2. PAY ONLINE THROUGH
OUR WEBSITE

SCORE Trip Date: _____ Group Name: _____ Country: _____

Full Name: First _____ Middle _____ Last _____
(Name as it appears on your passport)

Address: _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Email _____

Birthday: Month _____ Day _____ Year _____ Birthplace _____ Citizenship _____

Single Married Male Female U.S. Passport #: _____

FOR MINORS ONLY:

As the parent/legal guardian of _____, I request that in my absence, the named person be admitted to any hospital or medical facility for diagnosis and treatment.

All minors must carry a notarized Parental Consent Form with them to the airport.

Parent/Guardian Name: _____

Parent Home Phone: _____ Parent Cell Phone: _____

Parent Email: _____

ADULT & MINOR MEDICAL RELEASE:

Emergency Contact: _____ Phone: _____

Please indicate any pertinent information we should have concerning any medical problems you may have:

Are you taking any medication that we should be aware of? _____

Are you allergic to any form of medication? _____ Other allergies _____

Food allergies _____

Do you have any history of heart problems? No Yes, what kind? _____

Insurance Company _____ Group # _____ Policy # _____

Primary Policy Holder's Name: _____

By signing below I acknowledge that SCORE International has my permission to make any decisions regarding medical emergencies on my behalf if I am unable to do so. I also agree with the terms in the Policy and Procedure Manual.

Read our Policy & Procedures Manual (go to www.scoreinternational.org/resources/forms&documents) and sign below:

Trip Participant (or Parent/Guardian) _____
(Signature required here)

Please Fax this form to SCORE International @ (423) 894-7303 or email to info@scoreinternational.org