

Medical Information for Crossroads of Hope Project Trip to China May 29,
2007 to June 20, 2007 and Nanjing Normal University Language Study
Program June 20, 2007 to July 24, 2007

Name _____

Date _____

Allergies (list all medications, food and other)

_____	_____
_____	_____
_____	_____

Medications

Directions for Use

_____	_____
_____	_____
_____	_____
_____	_____

Health or physical limitations (please list):

I hereby certify that the above information is complete and accurate and that I or my child is healthy and fit enough to participate in all activities as relates to the Crossroads of Hope Project and/or the Nanjing Normal University Language Program.

Signature of participant

DATE

Signature of parent (if participant is under 18 years of age)

DATE