

Medical Information Form

Copenhagen/Malmö Travel Study Program

Dates: August 30 - September 15, 2024

University of Washington Department of Landscape Architecture

***** CONFIDENTIAL *****

STUDENT INFORMATION

Student Name: _____

Street Address: _____

City, State, ZIP: _____

Telephone: _____ Email: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Street Address: _____

City, State, ZIP: _____

Telephone: _____ Email: _____

EMERGENCY MEDICAL INFORMATION

Please inform us of any medical conditions, allergies, or medications.

1. Do you have any known allergies? If so, please describe.

2. Please inform us of any medical conditions.

3. Will you be taking any medications? If so, please specify.