
EMERGENCY CONTACT & MEDICAL INFORMATION

Please complete and return by email to info@ranchomastatal.com and bring a hard copy for your own record. This information will be used in case of medical emergency and is very important that we have this information in case you are unable to communicate it to us due to injury or otherwise.

GENERAL INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone(s): _____ Email: _____

In case of an emergency, contact: _____

Relationship to apprentice: _____

Phone(s): _____ Email: _____

OR

Relationship to apprentice: _____

Phone(s): _____ Email: _____

Physician: _____

Address: _____

Phone(s): _____ Email: _____

INSURANCE

We strongly recommend that you have or get travel insurance. Please fill out the following if you currently have medical insurance. Please inquire with your insurance company to verify that your insurance is valid in Costa Rica.

Insurance Company: _____

Address: _____

Phone: _____ Fax: _____

Policy #: _____ Does your Insurance Co. require pre-authorization? Yes No



MEDICAL INFORMATION

Credit Card

Do you have a major credit card (some private hospitals will only admit you if you have a major credit card or \$1,000 in cash)? Yes No

Allergies

Do you have any allergies (this includes food, medicine, bites and stings)? Yes No

If yes list below:

Allergy	Reaction	Medication required

Medications

Do you have any medications (prescribed or over the counter)? Yes No

If yes list below:

Medication	Condition	Dosage & Frequency	Side Effects?

