VIRGINIA WESLEYAN COLLEGE
STUDENT TRAVEL FORM

Please type or print clearly

Name:_____
Last Middle First

Current Home Address:_____

City/State/Postal Zip Code:_____

Current School Address:_____

Telephone No: ( )_____ ( )_____
Parent/guardian Business of Parent/guardian

Birth Date:_____ Age:_____ Sex:_____

Emergency Contact:_____ (_____)_____
Name/Relationship Telephone Number

Please describe any dietary restrictions, health conditions, or disabilities of which we should be aware or that might warrant special consideration or attention:

_____
_____
_____
_____
_____
_____

_____ _____
Student Signature Date

_____
Print Name

Medical Insurance Information:
(Please check one)

_____VWC Medical Plan _____Other Medical Plan

This completed form is to accompany student on all off-campus VWC sponsored trips and is to be accessible to trip sponsor at all times during the trip. After trip, form may be returned to VWC Business Office. 3/00