

DISTRICT YOUTH EXCHANGE INBOUND OVERNIGHT
EMERGENCY CONTACT & MEDICAL INFORMATION

RETURN to Bert Oberdick (bert@yorkrotary.org) or mail to
Rotary Club of York, C/O American Red Cross, 724 S. George St., York PA 17401
No later than August 20, 2018

INBOUND'S NAME _____

COUNTRY _____

HOST CLUB _____

COUNSELOR'S NAME _____

CELL PHONE _____

HOST FAMILY NAME _____

CELL PHONE _____

Pertinent medical information

1. Will student be bringing any medications with them for the overnight? (Circle one)

NO YES: (Please list)

2. Does student have any health issues the York Club should know about? (Circle one)

NO YES: (Please list)

3. Does the student have any physical restrictions the York Club should know about?

NO YES: (Please list)

4. Does the student have any allergies?

Food NO YES (Please list)

Animals NO YES (Please list)

Drugs NO YES (Please list)

Other NO YES (Please list)