

International Fencer Council, Inc

Medical Release Form

(Must be completed/received by IFC NLT 30 days prior to exchange)

Fencer's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone (home & mobile): _____

Date of Birth: _____ Languages spoken (partial or fluent): _____

Parents'/Guardians' Name: _____

Address/Phone (if different): _____

Medical Information:

1. Medical Issues (Injuries, diseases, etc.): _____

2. Allergies (Medical/Food): _____

3. Current Medication and Dosage: _____

Insurance Information:

1. International Medical/Travel Insurance (Company Name. Phone and Address): _____

2. Coverage Provided: ___Emergency ___Routine Sickcare ___Hospitalization
___Evacuation/Airlift to Home Country

Policy Holder Name/Address/Phone Number (if not fencer):

Fencer's Signature

Parentr Signature (if under 18 years of age)

Policy Holder Signature