



GAP Intern Application / Medical Release Form

Please return to our office

By Mail: P.O. Box 9994, Chattanooga, TN 37412

By E-mail to: jill@scoreinternational.org

By FAX to: 423.894.7303

Internship Year: _____ Costa Rica Dominican Republic

Full Name: First _____ Middle _____ Last _____

Address: _____

City _____ State _____ Zip _____

Phone: Home _____ Cell _____ E-mail _____

Birthday: _____

Year I graduated from GAP Year _____

MEDICAL RELEASE:

Emergency Contact: _____ Phone: _____

Please indicate any pertinent information we should have concerning any medical problems you may have:

Are you taking any medication that we should be aware of? _____

Are you allergic to any form of medication? _____ Other allergies _____

Food allergies _____

Do you have any history of heart problems? No Yes, what kind? _____

Insurance Company _____ Group # _____ Policy # _____

Primary Policy Holder's Name: _____

By signing below I acknowledge that SCORE International has my permission to make any decisions regarding medical emergencies on my behalf if I am unable to do so. I also agree with the terms in the Policy and Procedure Manual.

[Read our Policy & Procedures Manual for travelers \(go to www.scoreintl.org/resources\)](http://www.scoreintl.org/resources)

Internship applicant: _____
(Signature required here)

Please Fax this form to SCORE International @ (423) 894-7303 or e-mail jill@scoreinternational.org

Questions? Call our home office: (423) 894-7111
