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