



MEDICAL and EMERGENCY INFORMATION FORM

(Team Leader should keep and carry original. A copy should be kept by the local church until the missioner returns.)

Mission/Project		Mission Site/Location:	
Name			Birthdate
Address			Home Phone ()
City	State	Zip	Cell Phone ()
Email			
Physician's Name		Physician's Phone ()	
		Physician's Afterhours Phone ()	
Physician's City/State			
Current Medications of Concern in an Emergency:			
Allergies (e.g. Food, Medications, Bee/Wasp Stings):			
Medical Insurance Co.			Phone ()
Group			Policy No.
Driver's License #/State of Issue/Expiration (US mission/out of state):			
OR - Passport #/Place of Issue/Expiration (Int'l mission):			
<i>Please attach a copy of your insurance card (all missions), Driver's License (US mission/out of state), and/or Passport (int'l mission).</i>			
I _____, authorize _____,			
<i>(mission participant)</i>		<i>(another adult on journey)</i>	

If I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of the journey identified above.

Signature of Participant: _____ Date _____

Signature of Parent: _____ Date _____

(for youth under 18 parents must also sign Parental Consent Form)





EMERGENCY CONTACT DETAILS

Participant Name: _____

Primary Contact Name		Relationship	
Email Address		Cell Phone	
Home Phone		Work Phone	

Alternate Contact Name		Relationship	
Home phone		Cell Phone	Work phone

Alternate Contact Name		Relationship	
Home phone		Cell Phone	Work phone