

Mission Service Information Form and
Emergency Medical Treatment Designation Agreement



Personal Information:

Name: _____ Nickname: _____

Mailing Address: _____ City: _____ State: ____ Z Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Fax Number: (____) _____ Email Address: _____

Sex: M F Age: _____ Blood Type: _____ Date of Birth: (Month/Day/Year) ____/____/____

If you are under 21 years old, Name of Parent(s)/Guardian(s):

Mission Team Captain/Coordinator's Name: _____ Team Travel Dates: _____

Passport/Travel Document Number: _____ Passport/Travel Document Issuing Country: _____

Your Name **exactly** as it appears on passport/travel document: _____

Passport/Travel Document Expiration Date: (Month/Day/Year) ____/____/____

Marital Status: S M D W Name of Spouse: _____

Occupation: _____ Employer: _____

Have you been on a Mission Trip to a foreign country before? Yes No

Name of Church where you are a member: _____

Pastor's Name: _____ Church Phone: (____) _____

Church Address: _____ City: _____ State: _____ Zip Code: _____

Medical Information:

List any relevant allergies/medical conditions: _____

List any relevant prescribed medications/medicine: _____

Emergency Contact Information:

Contact 1 Individual Name: _____ Relationship: _____

Contact 1 Phone numbers: (____) _____ Cell: (____) _____ Other: (____) _____

Contact 2 Individual Name: _____ Relationship: _____

Contact 2 Phone numbers: (____) _____ Cell: (____) _____ Other: (____) _____

I attest by signing below that the information provided in this form is true and accurate to the best of my knowledge. Further, I agree that if Emergency medical treatment is required at any time during my participation in events as related to Mission projects and/or activities, I hereby do grant temporary authority to the Team Captain and/or Team Coordinator, or the designated person indicated below on my behalf.

Signature: _____ Date: _____ 20_____
(*Note 1)

Printed Name of Participant: _____ Team Coordinator/Captain Name: _____

Emergency Medical Treatment designee (other than Team Captain/Coordinator):

***Note 1:** If the participant of this Mission Service Information Form and Emergency Medical Treatment Designation Agreement is **under 21 years of age**, this agreement must be signed by both parents and/or guardians, or Minor's husband/wife (if applicable).

Signature of Minor's Parent/Guardian #1
Parent/Guardian #2

Signature of Minor's
Parent/Guardian #2

Check if only one parent/guardian is signing to represent sole custody and/or if other parent/guardian is deceased.

If Minor is married: _____
Signature of Minor's Husband/Wife

*Upon completing this form, please submit the original to the Team Captain and/or Team Coordinator of your group. The information contained in this form is private and personal and shall not be shared, disseminated, and or published in any form without the expressed consent of the individual referred to herein.