

**MEDICAL INFORMATION FORM**

Central Baptist Church Mission Trips

**YOUR DETAILS**

Name: FIRST MIDDLE LAST Date of Birth: DAY / MONTH / YEAR

Address: STREET ADDRESS CITY PROVINCE POSTAL CODE

Phone Contact: (home or mobile) (xxx) xxx-xxxx (emergency) (xxx) xxx-xxxx

Email:

**EMERGENCY CONTACT #1 – PARENT / GUARDIAN (MINORS ONLY)**

Name: Relationship to Applicant:

Phone: Email:

**EMERGENCY CONTACT #2 – PARENT / GUARDIAN (MINORS ONLY)**

Name: Relationship to Applicant:

Phone: Email:

**EMERGENCY CONTACT #3 – OTHER CONTACT (ALL APPLICANTS)**

Name: Relationship to Applicant:

Phone: Email:

**FAMILY DOCTOR (ALL APPLICANTS)**

Name: Location/City:

Phone: Email:

**Medical Alert:** (Please give details of problem no matter how minor it may seem to you. List all allergies - such as food, medications or insects.)

1. Are you currently ill or undergoing medical treatment (including medications)?
	1. If “Yes”, explain:
2. Do you have any daily mandatory medical needs (including medications)?
	1. If “Yes”, explain:
3. Do you have any physical challenges that might hinder your participation in this mission trip?
	1. If “Yes”, explain:
4. Do you have any concerns not already mentioned that might hinder your participation in this mission trip?
	1. If “Yes”, explain:

**Special Medication Required: No Yes**

Details:

Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be carrying above medication: No Yes

**Non-Prescription Medications (for MINORS ONLY):**

We will be stocking some non-prescription medications listed below in our First-Aid kit. In the event that your child will be required one of these medications, we ask you to review them and mark those you would allow us to administer.

 Antidiarrhea (Immodium)

 Antihistamines (Benadryl)

 Gravol

 Tylenol /Advil

 Epi Pen (for treatment of severe allergenic reaction)

*\*\*\*****IMPORTANT FOR ALL APPLICANTS: With this form we require a photocopy of your Travel Insurance and BC Care Card (or other Medical Card)***

***\*Emergency Contacts and Travel Insurance Provider will only be notified in case of emergency BEFORE treatment of a medical professional is obtained.***

In the case of an emergency, I understand that every reasonable effort will be made to contact the stated emergency contact person and Travel Insurance Provider. In the event that they cannot be reached, I hereby give permission for team leaders to seek medical treatment from a health care provider. This includes the usage of an ambulance service to transport. I will reimburse Central Baptist Church of any additional costs not covered by the Travel Insurance Provider.

Please sign below to give permission to seek medical attention if required and for release of medical records at completion of treatment. Medical records might be required for parents to complete travel insurance forms on return to Canada.

**SIGNATURE OF PARTICIPANT (ADULT OR MINOR): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PARENT/GUARDIAN (FOR MINORS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return your completed application by emailing it to Pastor Kevin Thiessen (kevin@centralbaptistchurch.ca) or drop it off or mail it to the church office:

**Attn: Missions and Outreach Committee**

**Central Baptist Church, 833 Pandora Avenue, Victoria, BC, V8W 1P2**