



## MEDICAL and EMERGENCY INFORMATION FORM

*(Team Leader should keep and carry original. A copy should be kept by the UMVIM Coordinator or local church until the missionary returns.)*

Mission/Project Dates:		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>(UMVIM 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:** \_\_\_\_\_

<b>Primary Contact Name</b>		<b>Relationship</b>	
<b>Email Address</b>		<b>Cell Phone</b>	
<b>Home Phone</b>		<b>Work Phone</b>	

<b>Alternate Contact Name</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Cell Phone</b>	<b>Work phone</b>

<b>Alternate Contact Name</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Cell Phone</b>	<b>Work phone</b>