

Medical Information

In the event of a medical emergency where we need to seek medical care on your behalf, we would like to be able to present the information below to the attending physician. This information will not be shared except for team leadership and medical personnel.

Mission Team Member's Name _____

Physician's Name: _____

Physician's Contact Telephone Number: _____

Current Medical Conditions: _____

Daily Medications: *(please list all medications you are currently taking including the name, strength, and dosage).*

Allergies: _____

Current Vaccinations: _____

Recent Surgeries: (within the last 2 years) _____

Any other information you would like to add which will assist medical personnel in caring for you:

Did you purchase medical trip insurance? _____

Through what source: _____