

**MEDICAL FORM – Mosaic Student Ministries
MISSION TO GUATEMALA 2010**

In case of an emergency the following is an accurate record of my medical information:

Name of Participant: _____ Age: _____ DOB: ____/____/____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Parent/Guardian Work Phone: _____

Name of Alternate Contact in Case of Emergency: _____ Phone: _____

Medical Insurance Company: _____ Contract/Policy#: _____

<<<<Please attach a copy of your health insurance card – front and back>>>>

Previous Surgery: _____

Taking Medication: No: _____ Yes: _____ Name of Medication: _____

Asthma: No: _____ Yes: _____ Current Treatment: _____

Allergies: No: _____ Yes: _____ Current Treatment: _____

Tetanus Shot (last administered): _____ Vegetarian? _____

Other medical conditions or special instructions?: _____

PARENTAL PERMISSION

We will be taking a short term service project to Guatemala. We will depart from Rogers, Arkansas on March 21st and will return on March 28th, 2010.

Permission of BOTH parents is essential in order for a minor (under 18 years old) to participate. The following MUST be completed.

As a parent or legal guardian to the below named applicant, I hereby give my permission to attend the above mentioned activity. I understand every precaution will be taken for his/her health and safety. However, I assume responsibility in case of illness or accident, and agree to hold Amistad and Fellowship Bible Church harmless. My signature below also authorizes the Sponsors of this service project to administer medical treatment or medical assistance to my child at any time, should it be necessary. I also give my permission for the above mentioned leadership to accompany my child across any borders for this service project.

Printed Participant Name Participant Signature Date

Printed Parent/Guardian Name Printed Parent/Guardian Name

Parent/Guardian Signature Date Parent/Guardian Signature Date

State of _____ County of _____ State of _____ County of _____
Subscribed and sworn to (or affirmed) before me this Subscribed and sworn to (or affirmed) before me this
_____ day of _____, 20____ by _____ day of _____, 20____ by _____

Notary Public Notary Public
My commission expires _____ My commission expires _____