



# Sample Mission Trip Health Form

## Health Information Sheet

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Your home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Doctor's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please list any medications you will be taking with you on the trip:

Food allergy or diet concerns that we need to be aware of:

Any other information we should know before departure?:

### In case of Emergency:

Please contact: Name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_

Other phone: \_\_\_\_\_