

# Medical Information and Consent

## Ivy Creek Missions

Ivy Creek Baptist Church

**770.932.8453 • 678.482.6315 (fax)**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In case of an emergency, please notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best contact phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Insurance Beneficiary: \_\_\_\_\_

Group Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please make a copy of the medical card and attach it to the application.

Physician(s) name(s) and phone number(s) to contact in case of emergency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Are you currently under the care of a physician or taking any medications? Please give diagnosis and list medications:

\_\_\_\_\_

\_\_\_\_\_

2. Please list any allergies, especially to any medications, but include any food allergies. Briefly describe reaction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you been hospitalized in the last 5 years? Please give dates, diagnosis, and outcome of each illness or injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Is there any other information you feel we need to know about your health? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Date of last Tetanus shot: \_\_\_\_\_
6. List other immunizations regarding international travel & dates received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize and give full consent to the Trip Leader to act on my behalf in the case of illness or accident incurred to me and to enable prompt appropriate medical care. I further certify that I have appropriate medical insurance and agree to pay all medical expenses in excess of the amount provided by any applicable insurance policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_