

# Impact Trip Medical Application

2018-19

Must be filled out for anyone going on a Calvary sponsored trip. If 7-12 graders have already filled out a Health Information/Activity Participation Form, they do not need to fill this out.

Trip: \_\_\_\_\_ Dates of Trip: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

## MEDICAL INFORMATION

Are you currently taking any medications?  Yes  No

If YES, please list all medications: \_\_\_\_\_

\_\_\_\_\_

Do you have any medical conditions?  Yes  No

If YES, please list all medical conditions: \_\_\_\_\_

\_\_\_\_\_

Do you have any known allergies?  Yes  No

If YES, please list all known allergies: \_\_\_\_\_

\_\_\_\_\_

Do you have any limitations to physical activities?  Yes  No

If YES, please list all physical limitations: \_\_\_\_\_

\_\_\_\_\_

Can you safely self administer your medication?

Yes

No

If needed, can you be given acetaminophen?

Yes

No

...ibuprofen?

Yes

No

...diphenhydramine (Benadryl)?

Yes

No

Date of last tetanus booster: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Insurance Policy Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Impact Trip Consent / Release

## MEDICAL CONSENT AND RELEASE FORM

I, the undersigned, do hereby:

- Authorize medical staff of the Calvary Mission Team to dispense medications based on instructions provided.
- Give permission for the medical staff or team leader to seek transportation and medical treatment for me and give permission to the physician selected by them to secure and administer treatment, including hospitalization for me.
- Acknowledge that participation in the mission trip involves risk to me, and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

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

Print Name: \_\_\_\_\_