

**Medical Information Sheet**

Name (as it appears on Insurance Card): \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ID #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Will your medical insurance cover you out of the country: Yes    No

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

List any special medical needs: \_\_\_\_\_

List any allergies (food, insect bites or stings, drugs, etc.): \_\_\_\_\_

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List any physical limitations: \_\_\_\_\_

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Blood type: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best contact number(s): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best contact number(s): \_\_\_\_\_

Note: This mission trip may require that all participants be physically and emotionally able to endure difficult, strenuous, and demanding conditions. You may be required to furnish a statement from your physician that you're able to withstand these kinds of conditions.

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**Medical Release Information**

I, \_\_\_\_\_, hereby authorize Redemption Hill Church, or its representative to initiate any medical attention necessary on my behalf in the event of my incapability to present myself for such care while on a church-sponsored mission trip. I also agree to be financially responsible to any care provider and authorize the release of any medical and/or insurance related information pertinent to the circumstances.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_