Calvary Church

Impact Trip Medical Information 2019-20

Must be completed by anyone going on a Calvary Church-sponsored short-term trip. *If 7-12 Graders have already filled out a Health Information-Activity Participation agreement, they do not need to fill this out.*

NAME OF TRIP _____ **DATES OF TRIP** _____

Name (first, middle, last)_____ Today's date _____

Date of Birth _____ ☐ Male ☐ Female

Address _____

City _____ State _____ Zip _____

Phone (Home)_____ (Cell) _____

Email _____

Emergency Contact _____ Relationship_____

Phone (Home)_____ (Cell) _____

MEDICAL INFORMATION

Are you currently taking any medications? ☐ Yes ☐ No

If YES, please list all medications. _____

_____

_____

Do you have any medical or psychological conditions that may affect your ability to participate fully in this trip? ☐ Yes ☐ No

If YES, please list all conditions. _____

_____

_____

Would you like to discuss this further in person? ☐ Yes ☐ No

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. _____

_____

_____

Continued

Have you had any recent hospital stays or surgeries? ☐ Yes ☐ No

If YES, please explain. _____

_____

_____

Are you taking any vitamins or herbal supplements? ☐ Yes ☐ No

If YES, please list all. _____

_____

_____

Can you safely self-administer your medication? ☐ Yes ☐ No

If needed, can you be given acetaminophen? ☐ Yes ☐ No

If needed, can you be given ibuprofen? ☐ Yes ☐ No

If needed, can you be given 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 Church 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, or financial damage.

Signature _____ Date_____

Print Name _____

Please return form to:

Calvary Church OR email to bonnie.johnson@calvarychurch.us

Attn: Bonnie Johnson

2120 Lexington Ave N / Roseville, MN 55113