

**EAST MAIN YOUTH MINISTRY MEDICAL FORM - Mission Trip**

*These forms are kept in a safe and secure location that is accessible only to Pastoral Staff, Mission Trip Leaders, and approved Youth Ministry Leaders.*

Today's date: \_\_\_\_\_

Student's Name \_\_\_\_\_

Student's Mobile Phone Number \_\_\_\_\_

Student's Birthdate: \_\_\_\_\_ Current Grade \_\_\_\_\_

Student Address \_\_\_\_\_

\_\_\_\_\_

Parent/s Name/s \_\_\_\_\_

Parent/s Phone: \_\_\_\_\_

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

\_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

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

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

Student's Primary Care Physician Name \_\_\_\_\_

Student's Primary Care Physician Phone Number \_\_\_\_\_

Student's Dentist's Name \_\_\_\_\_

Student's Dentist's Phone Number \_\_\_\_\_

Student Allergies \_\_\_\_\_

\_\_\_\_\_

Dietary Concerns / Restrictions / Preferences \_\_\_\_\_

Current Medical Conditions/ Concerns / Issues Leaders need to be aware of:

Medications \_\_\_\_\_

Will you be bringing any OTC medications with you?                      YES                      NO

Please list them here: \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Emergency Contact #1 Name \_\_\_\_\_

Emergency Contact #1 Phone Number \_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_

Emergency Contact #2 Phone Number \_\_\_\_\_

**For PARENT / GUARDIAN: Please initial ONE of the following statements:**

\_\_\_\_\_ I give a trip leader permission to give one or more of the following OTC medications if needed to my child while on the mission trip:  
                    Advil      Tylenol      DayQuil      NyQuil      Pepto Bismol                      Tums      Imodium

\_\_\_\_\_ Please call me before giving any OTC medications to my child

\_\_\_\_\_ My child will bring some OTC medications and I give him / her permission to take them as needed

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

**ATTACH COPY OF FRONT & BACK OF CURRENT INSURANCE CARD**