

## Short Term Mission Trip Emergency Consent Form

*(Please type or print)*

Name: (Legal Name exactly as on Passport):		Date:	
Address Line 1:			
Address Line 2:			
Address Line 3:			
Address Line 4:			
Passport No.:	Issue Date:	Expiration Date:	
Passport Issuing Country:			
Telephone Nos.:	Home	Mobile	
Date of Birth:	Your Blood Type:		
Health Insurance Company	Policy No.:		

**In the event of emergency contact:**  
*(All reasonable effort will be made to contact the individuals listed below)*

Name:	Primary Telephone No.:
Relationship to you:	Alternate Phone No.:
City/State:	Country:

Name:	Primary Telephone No.:
Relationship to you:	Alternate Phone No.:
City/State:	Country:

Your Doctor's Name:	Telephone No.:
City/State:	Country:

**YOUR MEDICAL INFORMATION** *(This Information will be Kept Confidential):*

Please indicate any major surgeries you have had in past 2 years:	
Medications currently taking (prescription and non-prescription):	
Please indicate any allergies to medication or food:	
Please indicate any medical condition that your team leader should be aware of:	

In the event emergency medical aid/treatment is required due to illness or injury during the term of my short-term mission trip I authorize  *Loving One By One*  to:

1. Secure and retain medical treatment and transportation if needed.
2. Release the above provided information to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed necessary by a physician or other qualified medical personal. This provision will only be invoked if the person(s) above is unable to be reached.

\_\_\_\_\_  
Please sign your name here

\_\_\_\_\_  
Date