

KOINONOS MINISTRIES

MEDICAL FORM: This form MUST be filled out per person going on each trip. NO EXCEPTIONS! The information on this form is confidential and will only be used in case of an emergency.

Name: _____

DOB: _____

Address: _____

Emergency Contact Person and Information:

Contact Information for Family Physician:

Blood Type: _____

Date of Last Tetanus Shot: (Must have been done in the last 10 years) _____

Please list any medical allergies you have:

Please list any medications being taken:

Please list any medical problems, surgeries, or other pertinent information:

I understand that, in the event medical treatment is required, every effort will be made to notify the emergency contact person. However, if they cannot be reached, I give my permission to Koinonos Ministries to secure the services of a licensed physician to provide the care necessary, including, anesthesia, for my well-being. **Koinonos Ministries is not responsible for any medical bills not covered by the travel insurance.**

Signed _____ Date _____

**If applicant is under the age of 18 at the time of travel, a parent or legal guardian's signature is required above.