



# FIRST CONGREGATIONAL CHURCH

## H.O.M.E. Mission Trip

### Participant Information – Medical Form

Name \_\_\_\_\_ FCC Member **Y N**  
 Date of Birth: \_\_\_\_\_ Sex: **M F**  
**Current Grade** \_\_\_\_\_ **HOME Trip Returnee** **Y N**  
 E-Mail: \_\_\_\_\_

#### NAME OF PARENT OR GUARDIAN:

Name(s): \_\_\_\_\_  
 Telephone (home): \_\_\_\_\_ Telephone (cell): \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent(s) Email: \_\_\_\_\_

#### IF PERSON NAMED ABOVE IS NOT AVAILABLE IN THE EVENT OF EMERGENCY, NOTIFY:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Telephone (home): \_\_\_\_\_ Telephone (cell) \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Telephone (home): \_\_\_\_\_ Telephone (cell) \_\_\_\_\_

#### HEALTH / MEDICAL INFORMATION:

**Allergies:** Food, medicines, insects, plants: Yes  No   
 Explanation: \_\_\_\_\_

#### General Information: Circle any that apply

*Convulsions/seizures*   *Asthma*   *Diabetes*   *Cancer/Leukemia*   *Heart trouble*  
*Kidney disease*   *Wears glasses/contacts*   *Surgery/Hospitalization*   *Other*

Explanation: \_\_\_\_\_  
 Please list all medications taken in the 30 days prior to the trip:

\_\_\_\_\_

List any medications to be taken while on trip (prescription & over the counter):

\_\_\_\_\_

List any physical conditions that may affect participation in any activities:

\_\_\_\_\_

Date of last Tetanus immunization: \_\_\_\_\_

Insurance Co.: _____	Phone: _____
Address: _____	
Policy or Group #: _____	Insured's ID #: _____
Doctor's Name: _____	Phone: _____
Address: _____	
Dentist's Name _____	Phone: _____
Address: _____	
<b>(Please include copy, both front and back, of insurance card.)</b>	

All this information will be kept in the strictest confidence. As we will be entrusted with the care and well-being of your child, it is imperative that we have as much information as possible in order to make the best decisions if the need arises.

This information has been updated at the last Team - Parent meeting. Initial \_\_\_\_\_