

HEALTH INFORMATION FORM
SHORT-TERM MISSIONS TRIP
Harmony Vineyard Church

Name: _____ Age: _____

Parent's name (if minor) _____

Address: _____

Phone numbers: _____

Health insurance company and policy number: _____

Emergency contact:

Name: _____

Phone number: _____

Relationship: _____

Name: _____

Phone number: _____

Relationship: _____

Primary physician: _____

Phone number: _____

Known allergies (medication, pollens, food, other): _____

Please list any current health problems (including any conditions for which you are taking medication): _____

Are you current on all immunizations/medicines (malaria etc.) needed for the country you are entering? _____

Please list any prescription medication you will be taking during the trip and what it is prescribed for: _____
