



Ghana Initiative Mobile Medical Mission

Medical Emergency Information and Insurance Information

Volunteer Name _____

(Last)

(First)

(Middle Initial)

Trip (name of country) _____ Dates ____/____/____ to ____/____/____

In case of emergency, please contact:

Name _____ Relationship: _____

Address: _____

Cell Phone: _____ Home Phone: _____

E-mail: _____

Insurance Information

Name of Health Insurance Carrier: _____

Policy #: _____ Insurance Carrier Phone #: _____

Travel Insurance Carrier (if any) _____ Policy # _____

Medical History

Do you have any medical or physical limitations that may affect your participation in any activity while on the trip that we should be aware of? Illness(es): _____

Surgeries _____

Medications _____

Allergies _____

Please read and sign the GIMMM Mission Trip Participants - Release and Waiver of Liability Form for Short Term Mission Trip form. Both forms must be submitted along with the Team member application for you to be considered and accepted as a member of this mission team. Ghana Initiative reserves the right to deny team membership to anyone deemed medically unfit to serve in Ghana.

Immunization Record: Please list the date(s) you have had any of the following immunizations.

Hepatitis A _____ Hepatitis B _____ Hep A & B _____ Yellow Fever (This is a requirement) _____

Tetanus _____ Typhoid _____ COVID-19 (not a requirement) _____ Varicella _____

Polio _____ MMR _____

Medications you have been taking for the trip (ie. Malaria meds.) _____

By completing this document and by reading and signing the *Mission Trip Participants - Release and Waiver of Liability for Short Term Mission Trip Form* I release the Ghana Initiative Mobile Medical Mission and its representative director(s) and staff from ANY liability resulting from any accident or illness that I am involved in during the Ghana Initiative Mobile Medical Mission, mission trip. I take full responsibility to educate myself on any recommended vaccinations/medications necessary for the area to which I am traveling.

Signature: _____ Date: _____