

Christian Church (Disciples of Christ) in Illinois / Wisconsin
Guatemala Pilgrimage
April 10-15, 2016

Medical Information Form

Full Name _____

Address _____

Phone / Email _____

(Travelers under 18 Only)

Parent Name _____

Address _____

Emergency Contact

Name _____

Relationship to You _____

Phone / Email _____

Medical Insurance Information

Carrier _____

Group _____

Group # _____ Policy # _____

Policy Holder Name _____

Family Physician Name _____

Physician Phone / Email _____

Emergency Medical Information

Allergies: _____

Medical Conditions _____

Medications Carried on Trip: _____

Please add notes or additional information below: