



**I want to go on a short term mission trip because:**

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**Emergency Contacts:**

1. \_\_\_\_\_  
(Name) (Relationship) (Tel.) (Cell)  
\_\_\_\_\_  
(Address)

2. \_\_\_\_\_  
(Name) (Relationship) (Tel.) (Cell)  
\_\_\_\_\_  
(Address)

**\*\* Immunization Record:**      **\*\*DPT** \_\_\_/\_\_\_/\_\_\_ ( **\*\* Required\*\***)  
**Typhoid** \_\_\_/\_\_\_/\_\_\_      **Hepatitis A** \_\_\_/\_\_\_/\_\_\_  
**Malaria** \_\_\_/\_\_\_/\_\_\_      **Other:** \_\_\_\_\_/\_\_\_/\_\_\_  
\_\_\_\_\_  
Signature

*I assume all responsibility of not receiving any or all immunizations.*

**List any health conditions, past and present:**

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**Medications:**

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**Physical Limitations and Allergies**

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**Health Insurance Info.** Insurance Co. \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Tel. \_\_\_\_\_  
Family Dr. \_\_\_\_\_ Tel. \_\_\_\_\_

I \_\_\_\_\_ (Print Name) relinquish responsibility of any major medical emergency decisions to MEA Inc. while on this missions trip, including any medication that may be needed. All liability and expenses are my responsibility. Miller's Evangelistic Association, Inc. will guide and direct the agenda, and I will be subject to their decisions at all times.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Send a copy of your Passport and your Driver's License or State ID Card**