nURses with pURpose
Medical Mission Trips

ADDENDUM APPLICATION:

Personal Information:

Full Name (Include Middle): _____

Date of Birth: _____

It is the responsibility of the participant to obtain and have all required travel documentation prior to their mission trip departure.

Do you hold a valid passport? YES/NO: _____ Expiration: _____

Are you a US Citizen? _____ If not, do you have proper documents that allow entry and exit of all international ports such as a valid Alien Registration card, Visas, ect? YES/NO _____

Insurance:

Do you have healthcare insurance? _____ Name of Insurance Co: _____

Policy/Group Number: _____ Telephone Number: _____

Medical Information:

Physician's Name: _____ Office Number: _____

Address: _____

City/State/Zip_____

Allergies? _____ Are you on any life sustaining medications that we need to be aware of? Please list: _____

_____

In case of emergent care, do you allow Nurses with Purpose, Inc., to seek medical attention for you at the nearest hospital	YES / NO	Initial:
Do you plan on purchasing optional travel insurance?	YES / NO	Initial:

Nursing and other professionals (indicate N/A if question does not pertain to you):

Nursing credentials _____ RN _____LPN_____APRN_____ Other
Other position/ roles/ profession _____
What state did you acquire your license? _____
Is your license active and in good standing? _____ Are you retired? Date _____
Has your license ever been suspended/revoked? If yes, what date _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Address City/State/Zip: _____

Telephone Numbers: _____ Email: _____