



ALPINE CHAPEL
SHORT TERM GLOBAL OUTREACH MINISTRY
MEDICAL FORM

Instructions: Please completely fill out the form. If you need more space, use a separate sheet of paper. Every person is required to provide the following information to participate on a ministry trip with Alpine Chapel.

Use this form for registration for the Little Village Mission Trip. Please indicate which date you want to be a part of. We need a medical release form for everyone going to Little Village. Please turn this in along with \$25.00 per person or \$50.00 for a family by May 12th

Saturday May 19 _____ or Saturday June 16th _____

Name:	Date:	
Street Address:		
City:	State:	Zip:
Preferred Phone:		

Parent/Guardian Name, if under 18		
Street Address:		
City:	State:	Zip
Preferred Phone:		

Emergency Contact:		
Relationship:		
Street Address:		
City:	State:	Zip:
Home Phone:		

Physician:
Phone:



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HEALTH INFORMATION

Overall Health Condition: moderately healthy active healthy excellent

Do you have any health needs, conditions or physical limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Are you allergic to any foods, antibiotics or other medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Are you taking prescription medications that are relevant to the trip	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Please list any relevant past medical conditions:		

Records Release, Treatment and Power of Attorney Authorization

Health records will be held in strict confidence as with all other materials submitted on the application to Alpine Chapel. Sign below to indicate you have read this statement and thereby authorizes Alpine Chapel administration to release necessary health information in emergency or life-threatening situations.

Applicant's Signature: _____

Parent/ guardian's signature if under 18 : _____