

EMERGENCY INFORMATION

GNI Mission Trip

(Please print clearly with dark pen)

Name (as shown on Passport) _____

Passport Number: _____ Expiration Date: ____/____/____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Contact Phone: (____) _____ - _____ Home ____ Work ____ Cell ____ Other _____

SECONDARY CONTACT:

Name: _____ Relationship: _____

Contact Phone: (____) _____ - _____ Home ____ Work ____ Cell ____ Other _____

Travel Insurance: ____ Yes ____ No Name of Company: _____

Type of Coverage: _____ Trip/Baggage _____ Medical/Dental _____ Medical Evacuation/Repatriation

Address: _____ City: _____ State: _____ ZIP: _____

MEDICAL INFORMATION:

List any Allergies: _____

List any current Medical Conditions: _____

List any Prescription Medications: _____

Please note that you are going to a remote area where medical care and medication are not readily available. If you are on medication, make sure that you bring extra! All prescription medications must be in containers labeled by your pharmacist with your name, medication, dosage, etc.