Mission Trip Emergency Information and Agreement

Name	Phone:
Emergency Contact:	Phone:
Describe any health or physical limitations that should	be considered on this mission trip. (Allergies, difficulty walking, etc.)
Have you had any major illnesses, surgeries, etc?	
List any medications are you currently taking?	
Insurance Provider:	Policy number:
medical treatment that may be deemed necessary to	selected by an adult leader in charge, to order injection, surgery or any other insure the well-being of the participant, due to sickness or accident while or from destination. I/We also authorize any persons to transport the participant
representatives harmless from all liability arising as a Baptist Forney, its agents, employees, volunteers and a	result of the conduct of the participant and agree to defend and indemnify First representatives against any claim or liability arising as a result of such conduct. First Baptist Forney, its agents, employees, volunteers and representatives of all result from participation.
Missions Pastor/Staff, the Team leader reserves the rig	in the FBC Forney Mission Trip Policies document. After consultation with the ht to ask the participant to return home if my behavior is destructive to the onal cost incurred as a result of this action will be at the participant's expense.
I also commit to: (initial each statement)	
Complete the 30 Day Preparation for Short Terr Attend all team meetings and training sessions r Not consume illegal drugs, alcoholic beverages Not gamble or view any pornographic material. Not display romantic affection towards anyone	rip Policies. low the fundraising guidelines printed in the trip Policies document. m Mission trips. required for the trip. or use tobacco of any kind. or engage in any romantic relationships. ecific team set by the team leadership and/or missionary partner agency.
Team Member Signature:	Date:
Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date: