



**Mission Trip Team Member Application**  
(Please print legibly and return to Living Well Ministries)  
PO Box 720828 Oklahoma City, OK 73172-0828

Date: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation or Major (if a student): \_\_\_\_\_

Children: \_\_\_\_\_

Destination Country for Service/Ministry: \_\_\_\_\_

Previous Mission Trip Destinations: \_\_\_\_\_

Previous Ministry Areas: \_\_\_\_\_

Please complete the following sentences, using the space provided.

I think God has gifted me to . . .

I want to go to serve in Africa on this trip because . . .

When I think about the trip, I get a little nervous about . . .

People who know me would say that I am very good at . . .

I am really *not* very good at . . .

I would like to get better at . . .

On this trip, I would really like to . . .

Briefly describe your salvation experience....

Something else I would like LIVING WELL to know about me . . .

If you have participated on previous mission trips, please share a summary of the mission and your personal experience.....

# Mission Trip Medical Information and Release Form

(Please complete all pages of this form. Keep one copy for your trip; return one to LIVING WELL)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Day Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Dates of Trip \_\_\_\_\_ Destination(s) \_\_\_\_\_

## Medical History and Information

The following information may be referred to by any hospital or licensed medical practitioner:

Allergies \_\_\_\_\_

Current medical conditions \_\_\_\_\_

Physical impairments \_\_\_\_\_

Please list any prescribed medication you will be taking during the mission trip \_\_\_\_\_

Name of Primary Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Previous medical history: (List any major health issues such as heart conditions, depression, diabetes, cancer, HIV, kidney or digestive problems, head injury, recent surgery, etc.) \_\_\_\_\_

Please give a brief medical history of the listed conditions or illnesses you have experienced. (Attach an additional page if necessary and note below, "See attached page.")

Age \_\_\_\_\_ Height: \_\_\_\_\_ Weight \_\_\_\_\_ Blood type \_\_\_\_\_

Have you been hospitalized during the past 2 years for any reason? If so, please indicate date(s) and explain reason.

If you are pregnant, please state expected due date: \_\_\_\_\_

## Release for Physician's Statement:

You must have your physician or psychologist complete the following "Physician's Statement" ONLY if you are currently under his/her care, or if you have been hospitalized for any reason during the past year.

Name of Patient \_\_\_\_\_

Patient has been under treatment for: \_\_\_\_\_

The above named patient has been examined by me and found to be in satisfactory health to travel and participate in the Living Well Mission Trip to Africa on (Dates of Trip): \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ (Patient/Participant's signature and date) give my permission for Living Well staff to contact the above named physician for further information regarding my health.

## Living Well Ministries Medical Release Authorization and Indemnification Agreement

*I agree as follows: In the event of any accident, sudden illness, or medical emergency involving myself in connection with the named event, I hereby authorize Living Well Inc. staff or representatives, to consent on my behalf to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, as deemed necessary by a licensed physician. As a condition of my participation in the Living Well Ministries Mission Trip to Africa, I, the undersigned, hereby release, waive, discharge, covenant not to sue, agree to indemnify and hold harmless, Living Well, Inc. and/or all of its officers, directors, agents, affiliates, employees and assignees from any and all damages, liability, causes of action or any other form of liability, past, present, or future, and whether caused by the negligence of the participant or any other persons, arising out of or relating to my presence or participation in the aforementioned Living Well trip and any activities related thereto, or any actions taken by anyone associated with Living Well, Inc. pursuant to the medical authorization that I have freely granted. I understand that Living Well is not financially responsible for any medical or evacuation expenses that may be incurred during this Living Well mission trip. **This Agreement shall be binding upon me and upon my heirs, executors, and legal representatives.***

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Witness signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY CONTACT AND INSURANCE INFORMATION

Your Name \_\_\_\_\_

**Person to contact in case of emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Address: \_\_\_\_\_

You will need to contact your current Medical Insurance Company to see if they will cover you in each location of your trip and if so, what this coverage includes. If they provide coverage, please complete the following information:

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Individual Policy Holder \_\_\_\_\_

Company Name (if group policy) \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Co. Phone Number for overseas issues \_\_\_\_\_ Fax # \_\_\_\_\_

**Other Insurance**

Secondary Medical Insurance Carrier \_\_\_\_\_

Name of Individual Policy Holder \_\_\_\_\_

Policy # \_\_\_\_\_ Effective dates \_\_\_\_\_ to \_\_\_\_\_

Company Name (if group policy) \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Co. Phone Number for overseas issues \_\_\_\_\_ Fax # \_\_\_\_\_

**Take one signed copy of this complete with you.**

**Return one signed copy to Living Well Ministries.**