

Reservation Form and Medical Information

St. Andrew's Lutheran Church
 900 Stillwater Road
 Mahtomedi, MN 55115
 Phone: 651-762-9173
 Fax: 651-426-1716
 email: lbrown@saintandrews.org
 or dkiel@saintandrews.org



Trip Letter _____

Trip Dates _____

Host Church _____

Repeater Y/N _____ Number of Trips _____

Personal Information

FULL NAME as it appears on Passport (Need for airline tickets)

Address:

City, State, Zip

Area Code/Home Phone:

Area Code/Work Phone:

email Address:

Marital Status S M D W

Birth Date (mm/dd/yy)

Age:

Gender:

Health Insurance Carrier:

Phone:

Policy #

(Please attach copy of insurance card to form)

Passport #

Exp. Date:

(Please attach copy of passport to form)

Emergency U. S. contact during trip

Name:

Relationship:

Daytime Area Code/Phone #

Evening Area Code/Phone #

Skill Survey

Please indicate level of proficiency in each area (5 = high; 1 = low)

Plumbing ⇒		Electrical ⇒		Painting ⇒		Masonry ⇒	
Musical Gifts ⇒		Teaching ⇒		Dental* ⇒		Nurse* ⇒	
Therapist (OT,PT)* ⇒		Doctor*⇒		Carpentry ⇒		Computer ⇒	

*Must fill out a special Health care provider application

Other Skills:

Medical History

Please indicate your general health:

Excellent

Good

Average

Poor

Do you have any concerns about special needs (diet, lodging, lifting, stair-climbing, etc.)?

Please complete both sides of form

If you were to have a major medical examination, what health concerns would likely be noted?

Please indicate any chronic or recurring conditions:

_____ Asthma _____ Appendicitis _____ Ear Infections _____ Sore Throat
_____ Diabetes _____ Convulsions _____ Emotional
_____ Other (specify)

Please indicate any allergies you may have:

_____ Hay fever _____ Insect stings _____ Foods (specify) _____ Drugs (specify) _____ Other
(specify)

Please give approximate dates for the following immunizations:

_____ Polio _____ Measles _____ German Measles
_____ Small Pox _____ Mumps _____ Tetanus (should be within last 10 years)

Have you had any operations or serious injuries in the past five years? Indicate dates:

Do you have any health issues or limitations, which might affect your participation?

You must carry your own medications. To avoid Customs difficulties, please be sure any prescription drugs are in original labeled containers. Please list medications/prescriptions you will be carrying on this trip:

I understand that I am participating in a Christian mission trip and will adhere to the guidelines and standards of Mission Jamaica. Mission Jamaica staff are not liable for any accidents, injury, delay, damage, of inconvenience caused to the Missionaries by negligence of others, by malfunctions of transportation systems or equipment, by acts of war or rebellion, strikes, theft, itinerary changes, extreme weather conditions, or cancellations, and the missionary hereby releases Mission Jamaica from any and all such liability.

Signature _____ Date: _____

Signature of parent if participant is a minor

_____ Date: _____

Your Mission Leader will carry a copy of this form during the trip.