



REQUEST FOR APPROVAL TO TRAVEL WITH A CONDITION, ALLERGY, AND/OR PRESCRIPTION MEDICATION

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Page one and two of this form to be completed and signed by traveling missionary or their guardian. The bottom of page two of this form to be completed and signed by the diagnosing/prescribing physician. Without both signatures, this form is not valid and the missionary will not be approved for travel. All medical supplies are to be provided by the missionary for trip dates. If any information is left off this document, you will be subject to immediate departure from the mission field at your own expense.

CONTACT INFORMATION

Missionary Name as it appears on your passport: _____

Date of Birth: _____ / _____ / _____ Age: _____

Phone Number where we can reach you with questions about this form: _____

Trip: _____ Group Traveling With: _____

EMERGENCY CONTACT INFORMATION

CALL FIRST

Name: _____

Relationship: _____

Cell Phone: _____

CALL SECOND

Name: _____

Relationship: _____

Cell Phone: _____

CURRENT MEDICAL CONDITION, ALLERGY, SYMPTOMS, & MEDICATIONS

If you have more than one condition, please submit another form for each condition.

CONDITION/DIAGNOSIS: _____

Condition Signs/Symptoms: _____

Prescribed Medication 1 for Condition: _____

Prescribed Medication Dosage and Method: _____

Prescribing Physician Name: _____ Phone: _____

Prescribed Medication 2 for Condition: _____

Prescribed Medication Dosage and Method: _____

Prescribing Physician Name: _____ Phone: _____



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MEDICAL ACTION PLAN

If symptoms occur, do the following: _____

Additional Notes / Instructions: _____

If missionary is approved for international travel and outdoor service in tropical climates, please have a physician complete, sign and date below:

Physician name: _____ **Phone:** _____ **Fax:** _____

Physician SIGNATURE: _____ **Date:** _____

I agree with this two page plan as written and for Missions.Me staff to share this information with those that need to know, such as Team Leaders and Project Directors who will be caring for this missionary in country. I give permission for Missions.Me staff to contact the treating health care professional for clarification of this plan. I give permission for Missions.Me staff and leadership to execute this plan if needed during the listed missions trip.

Missionary Name: _____

Missionary or Guardian SIGNATURE: _____ **Date:** _____