



# St. Thomas More Catholic Newman Center

At Minnesota State University, Mankato

## Mission Trip Application

### PERSONAL INFORMATION

Trip of Interest: \_\_\_\_\_

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

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

Permanent Address (Home): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Year in College:      FR      SO      JR      SR      Other      Sex:      Male      Female

Email: \_\_\_\_\_ Valid Driver's License:      Yes      No

Passport # (if applicable): \_\_\_\_\_ Country: \_\_\_\_\_ Exp: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt Size      S      M      L      XL      XXL

### MEDICAL CONCERNS/ALLERGIES

(Reasonable care will be given to keep this information confidential)

Check your answer for each of the following, giving a full explanation on another sheet for any marked "yes."

1. Are you taking medication under a doctor's direction?
2. Do you require a special diet?
3. Do you have any chronic health problems or physical limitations?
4. Is there any reason you would not be able to engage in rigorous outdoor activity, high altitudes, extreme temperatures, etc.?
5. Any immunizations not up to date?
6. Any special medical conditions or allergies?

### INSURANCE INFORMATION

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name if Primary Insured on Policy: \_\_\_\_\_

Doctor or Hospital Information: \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY INFORMATION

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give my permission for the necessary emergency treatment to be administered.

In case of an emergency and for permission for treatment beyond emergency room procedures, please contact the following person:

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

Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EDUCATION AND EXPERIENCE INFORMATION

Please provide the following information below (if applicable to this Mission Trip):

- List any specialized skills, training or certifications.
- Major Course of Studies.
- Briefly describe any Mission experience you have had.

### ***Important Information:***