

ROTOM
Journey for *CHANGE!*
Emergency & Medical Information



ReachOne
TouchOne
Ministries

Name (print as stated on passport): _____ Trip: _____

Date of Birth (mm/dd/yy): _____ Place of Birth: _____

Address (street/city/st/zip): _____

Tel: _____ Email: _____

Physician: _____ Blood Type/RH Factor: _____

Address (street/city/st/zip): _____

Tel: _____ Fax: _____

Health Insurance: _____ Tel: _____

ID # _____ Group #: _____

Allergies/symptoms/medicine used for treatment -

Food: _____

Insects: _____

Medicine: _____

Environmental: _____

Other (e.g., latex, wool): _____

All participants are encouraged to have a general physical exam within one year of the mission trip.

Date of last physical exam: _____ Please explain anything discovered by your

physician that may hinder you participating in a JFC: _____

Emergency Contact(s)

Name: _____ Relationship: _____

Address (street/city/st/zip): _____

Tel: _____ Email: _____

Name: _____ Relationship: _____

Address (street/city/st/zip): _____

Tel: _____ Email: _____