

# CONCORD BAPTIST ASSOCIATION MISSION BUILDER'S TEAM APPLICATION AND MEDICAL RELEASE FORM

Trip Dates: July 10-15, 2022

Location: Southside Baptist Church, Fulton, MO

Deadline to register: June 15, 2022 (check must accompany this form)

Cost: \$40 (covers meals & group insurance) + \$8 (if ordering a t-shirt)

## PERSONAL INFORMATION:

Registrant is an:

Adult  Child\* (12+, working. Will be supervised by: \_\_\_\_\_)  Child\* (needs childcare)

*\*All children and youth must have a parent or other adult on the team who is directly responsible for them (must be age 12+ to work). Please complete a registration form and medical release for each. Childcare is available for the children of Concord Builders missionaries if requested in advance.*

Name (Last, First, Middle) \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Phone: (C) \_\_\_\_\_ (W) \_\_\_\_\_

Home Church: \_\_\_\_\_ Home Church's Association: \_\_\_\_\_

Pastor's Name & Phone Number: \_\_\_\_\_

Names of family members going on this trip (please include age for children & youth\*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Work Team Choices:

- Construction
- Kitchen
- Childcare

### Housing Choices:

- Commute
- Hotel
- Personal RV
- Church

### List your Skills, Talents & Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

T-Shirt: Cost \$8 (not required, but it is recommended that all team members purchase a t-shirt)

Mark size needed:  Small  Medium  Large  XL  XXL

**EMERGENCY CONTACTS:** (please provide the names and contact information of two people not on this trip with you that may be contacted in case of an emergency)

Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## **MEDICAL INFORMATION:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance (Include name of company, phone #, address, policy and/or ID #)

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY AND CONDITIONS:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Allergies – explain       | <input type="checkbox"/> Cancer - explain        | <input type="checkbox"/> Kidney disease           |
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Mononucleosis            |
| <input type="checkbox"/> Back Pain                 | <input type="checkbox"/> Dizziness/Fainting      | <input type="checkbox"/> Past surgeries – explain |
| <input type="checkbox"/> Blood Pressure (high/low) | <input type="checkbox"/> Headaches               | <input type="checkbox"/> Seizures                 |
| <input type="checkbox"/> Blood Disorder – explain  | <input type="checkbox"/> Heart disease – explain | <input type="checkbox"/> Stroke                   |
| <input type="checkbox"/> Broken Bone – explain     | <input type="checkbox"/> Hepatitis A/B/C         | <input type="checkbox"/> Other                    |

Please explain the above health problems as requested, as well as any other conditions of which the Team Coordinator should be aware. (Attach an additional sheet if needed)

---



---



---



---



---

Date of Last Tetanus Shot: \_\_\_\_\_

**MEDICATIONS:** Please list medications taken on a regular basis

MEDICATION	DOSAGE	TIME OF DAY TAKEN
1. _____		
2. _____		
3. _____		
4. _____		

**FOOD RESTRICTIONS** (Allergies, diabetic, gluten free, etc...)

---



---



---

**THE FOLLOWING STATEMENT MUST BE SIGNED BY THE VOLUNTEER/PARENT (OR GUARDIAN):**

The above information is accurate to the best of my knowledge. I understand this form will be kept by the Team Coordinator or the Director of Missions for use if needed. I give permission to release information to medical personnel if necessary. Should I be unconscious, I give permission to the Team Coordinator or Director of Missions to act as a spokesman in granting permission for emergency treatment (including anesthesia) if necessary.

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

**Please complete and mail this form, check for registration + t-shirt to:**

Concord Baptist Association  
PO Box 419  
Jefferson City, MO 65102  
by June 15, 2022.