

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

Deadline to register: June 15th (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.