

# Youth Mission Adventure

## Guatemala 2008

### Personal Health Record

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Other Phone (school, cell, etc.) ( ) \_\_\_\_\_  
Date of Birth (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Passport Number \_\_\_\_\_ Country of Issue \_\_\_\_\_  
Passport Expiration Date \_\_\_\_\_ Occupation \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Alien Registration No. (if non-US citizen) \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_ Relation \_\_\_\_\_  
Phone Numbers ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

Your Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Health Insurance \_\_\_\_\_ Group No. \_\_\_\_\_ Policy No. \_\_\_\_\_

#### VACCINATIONS AND BOOSTERS

Did you have all DPT/OPV/MMR shots as a child? \_\_\_\_\_

Last DT and MMR booster within 10 years? \_\_\_\_\_ Last OPV booster within 6 years? \_\_\_\_\_

Have you had the Hepatitis B immunization? (3 shots) \_\_\_\_\_

Have you had the Hepatitis A immunization? (1 or 2 shots) \_\_\_\_\_

Are you taking or planning to take medication to prevent malaria? \_\_\_\_\_ What type? \_\_\_\_\_

Other vaccinations you are planning to get \_\_\_\_\_

---

List all important medical diagnoses and any previous surgeries or major illnesses.

List all known allergies to food or medicines, etc.

List all medications to be taken daily or occasionally during this trip.

Medicine	Dose (mg)	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CONSENT TO TRAVEL AND TREAT** (if participant is under 18 years of age)

As the parent/guardian of \_\_\_\_\_, I give my permission for him/her to travel with and under the direction of the leaders and adult sponsors of the Youth Mission Adventure project. I give specific permission for emergency medical and/or surgical treatment for him/her if a medical emergency arises. I have provided the above medical information, and will see that he/she has any necessary medications that may be needed during the trip, and that all vaccinations are up to date. This *permission to treat* is valid from (date) \_\_\_\_\_ until he/she is returned to my custody.

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

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

**Notes....**

(Please remember to pack sunscreen/hat/insect repellent/long sleeved clothes to protect limbs from sun, insects, etc.)