



Christian Mercy International Emergency Information

FULL NAME (*as it appears on passport*) _____

PHYSICAL ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ WORK PHONE _____

PASSPORT NUMBER _____

EMERGENCY CONTACT (*NAME*) _____ RELATION _____

HOME PHONE _____ WORK PHONE _____

SECONDARY EMERGENCY CONTACT _____ RELATION _____

HOME PHONE _____ WORK PHONE _____

MEDICATION ALLERGY INFORMATION _____

LIST ANY CURRENT MEDICAL CONDITIONS _____

PRESCRIPTION MEDICATIONS _____

Please note that you are going to a remote area where medical care and medication are not readily available. If you are on medication, make sure that you take extra! All prescription medications must be in containers labeled by your pharmacist with your name, medication, dosage, etc.

**** Attach 1 (one) legible copy of your passport *and* drivers license ****

Please mail completed form to the P.O. Box below:
(along with your Trip Application)