



Mission: Sharing Christ's love and equipping communities to grow in faith.
Vision: A thriving body of Christ within remote BC coastal First Nations communities.

MEDICAL INFORMATION

Every team member needs to read and complete all medical pages. These will be provided to your team leader and taken to your site, so they are immediately available in case of emergency.

Servant Event Site Location: _____ Dates: _____

Name: _____

Mailing Address (Include City, Prov/State, Postal Code/Zip Code): _____

Telephone Number (s): _____ Date of Birth: _____

Doctor: _____ Dr.'s Phone Number: _____

Provincial Health Card Number: (You must bring your card with you): _____

Other Health Coverage/Supplemental Provider (Please bring your benefit card with you): _____

Do you have any known allergies or medical conditions, including diabetes, heart conditions, or conditions of the central nervous system, including epilepsy, or any other condition that may require medical attention? If so, please list them:

Year of last tetanus shot:

Medications being taken:

EMERGENCY CONTACT INFORMATION

In case of emergency, please contact:

Name: _____ Relationship: _____

Address: _____

Phone (Home): _____ Business: _____ Cell: _____