

Bear Creek Baptist Church

Passport & Medical Information

Please print Clearly

Do you have a passport? Y / N – date application mailed ?

Passport #:	Expiration Date:
Country of Issuance Full Name:	Date of Birth:
Address (Home address, city, state, zip):	
<p>Please list any special dietary or medical needs or allergies</p> <p>(If at any time during the trip you should require medical attention, please list any special instructions which you may have (allergies to medicine, etc., or pre-existing medical conditions (diabetes, heart condition, etc.))</p>	
Current Medications you are taking:	

Insurance Provider

Insured Name:	Relationship to Insured:
Insurance Provider name:	Group Number:
Member ID #	Insurance phone number:
Medicare Number:	
Doctor's Name & Phone #:	

Emergency Contact & Beneficiary Information – Mandatory for Travel Insurance

Emergency Contact Name:	Best phone #:
Address (Home address, city, state, zip)	Email address:
	Beneficiary Name:
	Best Phone number:
	Beneficiary Date of Birth:
	Your relationship to Beneficiary:
<p>Do you have a “Living Will” or Medical Directive? Y/N – please email to missions@bcstaff.org if you wish for us to have a copy for this trip</p>	
Signature:	Date:
Printed Name	Date: