

GO, INC. MEDICAL FORM
(PLEASE PRINT USING BLACK PEN)

Full Legal Name _____ Birthdate _____ Age (at time of trip) _____

Street Address _____

City _____ State _____ Zip Code: _____

Passport Number & Issue Date _____

Emergency Contact Information

First & Last Name _____ Phone Number _____

Street Address _____ Email _____

Insurance Carrier _____ **Phone** _____

Name of Insured _____

Policy number _____ **Group Number** _____

Please include PHOTO COPY of insurance card (front/back). Thank you.

I have no insurance and assume any and all medical costs

Immunizations Tetanus yes (date _____) no

Hepatitis A yes (date _____) no

Typhoid yes (date _____) no

If you answer no, you are assuming all responsibilities if contracted on the trip. Please initial here _____

Food Related Issues

While in Peru participants are required to eat what is placed in front of them. Food allergies or dietary desires (i.e. vegetarian, vegan, food dislikes, etc.) are not necessarily understood cross-culturally. It is considered extremely offensive to not eat the food you are given. Therefore, please take this information into consideration before signing up for the trip.

List allergies and reactions

None

List All Medications Taken Regularly

None

Do you have either of the medical issues listed below?

Heart Condition Lung Condition

(Due to the extreme elevation we will be working at, team members may not be allowed to participate in the trip if they have heart or lung issues).

OTHER MEDICAL PROBLEMS (please check)

Diabetes Fainting Spells Epilepsy Hepatitis High Blood Pressure Altitude Sickness

None Other _____

***Required: Evacuation Insurance**

Insurance Carrier _____ Phone _____
Policy Number _____ Group Number _____

Go, Inc. reserves the right as an organization to deny an individual's participation on a trip if there is concern about the individual's physical safety or the safety of the team.

By signing this form I authorize the minister or sponsor of this activity or any Go Inc. Board member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Participant signature: _____