

Lutherans Engaged in Mission Application

All forms and initial, non-refundable \$100 deposit are due by January 15, 2019.

1. Please attach a copy of the front and back of your **insurance card**.
2. The attached form titled, "LATIN AMERICAN LUTHERAN MISSION" needs to be signed, **NOTARIZED**, and returned with this form.
3. Participant covenant needs to be signed and returned.

The following information is confidential.

Participant's Full Name:	
Participant's Cell:	
Participant's email:	
Mother's Full Name:	
Mother's Cell:	
Mother's email:	
Father's Full Name:	
Father's Cell:	
Father's email:	
Home Phone:	
Home Congregation:	
Emergency Contact 1: (All participants must fill out. For minors, this must be someone other than parent)	List Name, Phone # & Relationship
Emergency Contact 2: (other than parent)	List Name, Phone # & Relationship
Do you have allergies?	
Do you carry an Epi-Pen?	
Please circle any medical conditions we	Diabetes, asthma, allergic reactions to insects, high blood pressure, pregnant, heart

should be aware of...	problems, anxiety, depression, epilepsy, emotional disorder, back or neck problems, recent surgeries, other:
What medications do you take on a regular basis?	
Does participant have medical/physical limitations?	
Is participant up to date on immunizations?	
Family Doctor & Phone:	
Please circle any special skills that would be helpful on this trip.	Cooking, woodworking, construction, concrete work, Spanish speaking, music, organizing items, working with children, other: