Guatemala Village Health

1265 South Main St
Suite 303-D
Seattle, WA 98144
206-339-3352 / 206-339-3352 Fax
tripmanager@gvhealth.org
http://www.GuatemalaVillageHealth.org

EMERGENCY CONTACT, MEDICAL HISTORY & INSURANCE

PLEASE PRINT:

Please register me for the trip to Guatemala on (date):_____

NAME (AS IT APPEARS ON YOUR PASSPORT)				
ADDRESS (HOME)	CITY	STATE	ZIP CODE	PHONE NUMBER

MEDICAL HISTORY:

LIST KNOWN ALLERGIES: (MEDICINES, ETC.)
LIST SIGNIFICANT MEDICAL PROBLEMS

MEDICATIONS TAKEN REGULARLY		
DRUG	**DOSE**	**FREQUENCY**

PRIMARY PHYSICIAN NAME	SPECIALTY	PHONE NUMBER

ADDRESS	CITY	STATE	ZIP CODE

EMERGENCY CONTACT:

NAME	RELATIONSHIP	PHONE NUMBER

ADDRESS	CITY	STATE	ZIP CODE

MEDICAL INSURANCE:

INSURANCE PROVIDER	POLICYHOLDER NAME	PHONE NUMBER

ID-NUMBER	POLICY NUMBER

TRAVEL EVACUATION INSURANCE:

INSURANCE PROVIDER	POLICYHOLDER NAME	PHONE NUMBER

ID-NUMBER	POLICY NUMBER	EXPIRATION DATE

X _____

SIGNATURE DATE