

MEXICAN-INDIAN TRAINING CENTER

Personal Data Form

Church/Group: _____ Travel Dates: _____

Name: _____ Cell Phone: _____

Address _____ Occupation: _____

Email Address: _____ Home Phone: _____

Date of Birth: _____ Age: _____ Gender (Circle one): Male Female

Passport Number: _____ Expiration Date: _____

Please attach a photocopy of the Photo Page of your passport with this form.

Do you speak Spanish (Circle one)? Fluently Fairly Well A Little None

What skills can you offer? Circle all that apply: Medical Dental Minister

Construction, such as Woodworking, Painting, Welding, Concrete, and more

Teacher, such as sewing, crafts, children studies, and more

Other skills: _____

Emergency Contacts (Name, Relationship, and Home & Cell phone numbers (list two):

1 _____

2 _____

Health Insurance (List Company Name, Policy Number, and Phone Number:

Primary: _____

Secondary: _____

Primary Physician: _____ Phone Number: _____

Other Physician: _____ Phone Number: _____

Current Medications, both prescription and non-prescription (List Name, Dose, and Frequency):

Current Medical, Physical, or Other Problems:

Serious Illnesses or Operations during the last 12 months:

Please continue and sign on Page 2

Name: _____

Immunizations Received in Last 10 Years: _____

Last Tetanus Shot: _____

List All Allergies (Food, Drug, Insects, Plants, etc.):

Have you ever had problems with the following conditions?

Asthma

Dizziness

Sleep Walking

Bronchitis

Heart

Stomach

Cancer

Kidneys

Other Problems:

Diabetes

Sinusitis

Please explain any of these problems:

Anything else we need to know about you?

Signed: _____ Date: _____

Mexican Indian Training Center, Inc. Codorba, Veracruz, Mexico

The undersigned, _____, hereby gives Director, Dan Hall, administrative employees, faculty and mission staff of the Mexican Indian Training Center, Cordoba, Veracruz, Mexico (MITC), or any attending physician permission to make decisions, to request, authorize or perform such medical treatment and health care as may be necessary or proper under the circumstances, including, without limitation, surgery, anesthesia, CPR, air-vac, ambulance and emergency room care.

The undersigned, _____, RELEASES, AQUITS, DISCHARGES and AGREES TO INDEMNIFY and HOLD HARMLESS MITC, it's director, personnel, administration, faculty, mission staff and insures from any and all actions, claims, damages and liabilities (SPECIFICALLY INCLUDING CLAIMS ARISING OUT OF THE FAULT OF NEGLIGENCE OF THE PARTIES RELEASED HEREBY) past, present and future, arising during the mission trip or arising out of the treatment of any sickness, injury or accident occurring during the mission trip.

The undersigned, _____, understands that he/she will be involved in the full range of mission work of MITC, not only on the MITC compound in Cordoba, but also throughout the ministry range of MITC and it's staff. The undersigned understands and accepts the responsibility for compliance with the rules and expectations of MITC during the mission trip.

Signature: _____ Date: _____

Print Name: _____

Personal Travel Information Form

Full name as appears on your Passport: _____

Country of Birth: _____

Current Nationality: _____

Date of Birth: _____

Male / Female | Single / Married

Current Address: _____

Passport Number: _____

Expiration Date: _____

Place of Issue: _____

Occupation: _____