**Life Church Global Missions Emergency Card**

1. Identification

|  |
| --- |
| Name: |
| Address: |
| Home Phone: | Cell Phone: |
| Date of Birth: | Social Security #: |
| Male Female | Ethnicity/Race: | Marital Status: |
| Language Spoken – Primary & Secondary |
| Primary Health Insurance Carrier: | Policy Number: |
| Secondary Health Insurance Carrier: | Policy Number: |

1. Emergency Contact

|  |
| --- |
| Name: |
| Address: |
| Home Phone: | Cell Phone: |
| Relationship: | Email: |

 In Case of Emergency, Notify: Secondary Contact

|  |
| --- |
| Name: |
| Address: |
| Home Phone: | Cell Phone: |
| Relationship: | Email: |

1. Health Information

|  |  |
| --- | --- |
| Primary Care Physician: | Phone: |
| Address: |
| Allergies/Drug Sensitivities: |
| List of Current Medications (Prescription/Non-Prescription): |
| Any Other Important Health Information: |

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Applicant’s Signature Date