

GLOBAL MAMAS HEALTH & EMERGENCY CONTACT FORM



First Name: _____ Last Name: _____

Address: _____ City: _____

State/Region: _____ Zip: _____ Country: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birth Date: _____ Email: _____

Do you have any medical conditions (i.e. allergies, heart disease, emphysema, diabetes, seizures, injuries, recent surgery, etc.) that we need to be aware of in case of emergency? No Yes

If yes, please specify condition and required treatment: _____

Do you have any physical restrictions (i.e. impaired vision, hearing, breathing, mobility, etc.) that we need to be aware of?

No Yes

If yes, please specify: _____

Do you have any dietary restrictions that we should be aware of? No Yes

If yes, please specify: _____

Are you using any non-prescription medications on a regular basis? No Yes

If yes, please specify which medications and what they are used to treat: _____

Are you using any prescription medications on a regular basis? No Yes

If yes, please specify which medications and what they are used to treat: _____

Are you currently under the care of a physician for any medical conditions? No Yes

If yes, please specify: _____

Do the medical condition(s) and/or restriction(s) listed above require special equipment or assistance for you to participate in an active schedule? No Yes

If yes, please specify: _____

Do you have a history of mental or emotional instability? No Yes

If yes, please specify: _____

YOU ARE REQUIRED TO HAVE PERSONAL MEDICAL INSURANCE TO COVER YOUR PARTICIPATION IN THE GLOBAL MAMAS PROGRAM. THIS INSURANCE MUST INCLUDE EMERGENCY MEDICAL EVACUATION. PLEASE PROVIDE PROOF OF INSURANCE to *Global Mamas* within 30 days of departure.

Please provide the following information for your international insurance coverage or your personal medical insurance that you have VERIFIED covers you in Ghana and includes emergency medical evacuation:

Name of Insurance Provider: _____

Policy Number: _____

Insurance Company Phone Number (NO 800#s please): _____

Who should we notify in case of an emergency?

Full Name: _____ Relationship: _____

What is the best way to reach this person?

Cell Phone: _____

Phone (Work): _____

Phone (Home): _____

Email Address: _____

Signature: _____ Date: _____

Global Mamas agrees to keep all information on this form confidential except in the event that you require medical treatment. By signing this form you consent to the disclosure of the information contained in this form to medical or other persons deemed appropriate by Global Mamas in the event that you require medical treatment.