

Short-Term Mission Trip Insurance Statement

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Trip Information

Destination

Trip Dates

Insurance Information

Insurance Provider

Policy Number

Emergency Contact Name

Emergency Contact Phone

Coverage Details

Type of Coverage	Coverage Amount	Notes
Medical		

Evacuation		
Accidental Death		
Other		

Statement

Please confirm you have obtained appropriate insurance coverage for your participation in the mission trip, and provide any additional relevant details:

Signature

Date