

Compas de Nicaragua

Service Trip Application

List allergies, disabilities, diabetes, heart conditions, and other health related problems:

Do you have a history of drug and/or alcohol abuse? Yes___ No___ If yes, please describe

Have you been hospitalized for an emotional or mental illness within the last year? Are you currently under a physician's care or receiving prescribed medication? Yes___ No___ If yes, please explain

Emergency Contact Information

Name: _____

Relationship: _____

Phone: _____ () - _____

Alternate Phone: _____ () - _____