

## **Medical Information Form**

### **Medical History:**

Please describe your personal medical history, including any special conditions or treatments, operations, etc. (if necessary, use the back of form).

### **Medications:**

List any medications you are currently taking and will be bringing with you.

Please list any other medical information you believe would be relevant to your participation in BPF Mission Trips.

Please complete form and return to:  
Brazos Pointe Fellowship  
224 Plantation Dr.  
Lake Jackson, TX 77566  
Attn: Kathy King