

Medical Release Form

This form should be kept by the group leader and not turned in to Servant Life. Place this in the Paperwork Binder provided by Servant Life to take with you while you are traveling.

Church Name:	City/State:		
PERSONAL INFORMA	TION		
Name:			
Birthdate://Ag	ge: Gender (M/F):		
Address:			
City:	State:	Zip:	
EMERGENCY CONTAC	стѕ		
1. Name:	Relationship:	Email:	
Home Phone: ()	Cell Phone: ()	Work Phone: ()	
2. Name:	Relationship:	Email:	
Home Phone: ()	Cell Phone: ()	Work Phone: ()	
	Group#: Company's Phone:()		
Company's address:			
City:	State:	Zip:	
Family Physician's Name:		Phone:()	
IMMUNIZATIONS			
		n required/recommended travel siting. Please check with your physician	and
(Initial) I hav	e consulted my physician regard	ling this travel and am up to date on all	

immunizations.

MEDICAL INFORMATION

Servant Life and Street Reach: Memphis trips typically include travel into the following:

Conditions can be uncomfortable and physically challenging and can include:

extended periods of walking

it to Servant Life along with this document.

- long travel times requiring use of public transportation services
- transportation services that may lack accommodations for people with physical limitations
- dietary and climate changes that can add to the physical intensity of the trip
- long periods of travel that may cause participants to experience lack of sleep is customary.

If you have any medical conditions that may be difficult or challenging under the conditions described above, however minor, please complete the **Doctor's Release Form** with your local physycian and return

Please consider these factors as you prepare to serve in such areas.

(Initial) I have consulted my local physician and have attached a Doctor's Release.
- or -
(Initial) I understand the medical risks outlined above. I do not have any medical history that would affect me on this trip and am not receiving a medical release from my doctor before going on this trip.
If you feel it would be helpful for us to be aware of any medical conditions or allergies, please feel free to list those here. (NOTE: You are not required to share information with us.)

EMERGENCY AUTHORIZATION

In the event of an emergency, I hereby give permission to the medical personnel selected by Servant Life and/or Street Reach Memphis, their designee or the participant's team leader(s) to order routine treatment for myself/my child. In the event of an emergency and neither the secondary contact or myself can be reached, I hereby give permission to the physician selected by Servant Life and/or Street Reach Memphis, their designee or the participant's team leader(s) to hospitalize and secure proper treatment for myself/my child as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company.

The health information above is correct, so to engage in all prescribed activities except	· · · · · · · · · · · · · · · · · · ·	escribed has permission
to ongage in an procession according once		
Signature of Participant*	Date	
Signature of Parent/Guardian*	Date	
*Participants under 18 years old must hav	e a parent/guardian signature.	
NOTARY INFORMATION		
The following to be completed by the nota	ry witnessing parent/guardian and/or pa	rticipant's signature.
The State oft	he County of	<u>.</u>
Before me, a Notary Public, on this day pe	ersonally appeared	known
to me (or proved to me on the oath of) to be the
person whose name is subscribed to the fe	oregoing instrument and acknowledged	to me that he executed
the same for the purpose and consideration	on therein expressed.	
Given under my hand and the seal of the o	office this day of, A.D	·
Notary Public, Signature		
My commission expires the day of	, A.D	