

International 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 CONTA	стѕ						
1. Name:	Relationship:	Email:					
Home Phone: ()	Cell Phone: ()	Work Phone: ()					
2. Name:	Relationship:	Email:					
Home Phone: ()	Cell Phone: ()	Work Phone: ()					
Medical Insurance Co.:	LTH INSURANCE INFORMATION al Insurance Co.: Group#: #: Company's Phone:()						
Company's address:							
City:	State:	Zip:					
Family Physician's Name:		Phone:(<u>)</u>					
IMMUNIZATIONS							
		n required/recommended travel siting. Please check with your physician	and				
(Initial) I havimmunizations.	re consulted my physician regard	ding this travel and am up to date on all					

MEDICAL INFORMATION

Servant Life and Swahiba Networks trips typically include travel in the following:

Conditions can be uncomfortable and physically challenging and can include:

- extended periods of walking
- long travel times requiring the 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 a lack of sleep is customary.

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

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 physician and return it to Servant Life along with this document.

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	el it would be helpful for us to be aware of any medical conditions or allergies, please feel free to here. (NOTE: <i>You are not required to share information with us.</i>)
	(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 perfore going on this trip.
	or -
-	(Initial) I have consulted my local physician and have attached a Doctor's Release.

EMERGENCY AUTHORIZATION

In the event of an emergency, I hereby give permission to the medical personnel selected by Servant Life and/or Felllowship Churches, and/or Toronto Church Planting, 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 Fellowship Churches and/or Toronto Church Planting, 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 about to engage in all prescribed			e person her	ein described	d has permission
Signature of Participant*		Date			
Signature of Parent/Guardia	 ุงn*		Date		
*Participants under 18 years	s old must have a pare	nt/guardian siç	gnature.		
NOTARY INFORMATI	ON				
The following to be complet	ed by the notary witnes	ssing parent/g	uardian and/	or participan	t's signature.
The State of	the Coun	ity of			<u>.</u>
Before me, a Notary Public,	on this day personally	appeared			known
to me (or proved to me on the oath of					_) to be the
person whose name is subs	scribed to the foregoing	j instrument ar	nd acknowled	dged to me t	hat he executed
the same for the purpose ar	nd consideration therein	n expressed.			
Given under my hand and t	ne seal of the office this	s day of		, A.D	
Notary Public, Signature					
My commission expires the	day of	, A.D			