

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.:	E INFORMATION 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 have consulted my physician regarding this travel and am up to date on all immunizations.					

MEDICAL INFORMATION

Servant Life and Amazon Mission Organization - AMOR Brazil 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.

- 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.
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f you feel it would be helpful for us to be aware of any medical conditions or allergies, please feel free to ist those here. (NOTE: <i>You are not required to share information with us.</i>)

EMERGENCY AUTHORIZATION

In the event of an emergency, I hereby give permission to the medical personnel selected by Servant Life and/or Amazon Mission Organization - AMOR Brazil, 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 Amazon Mission Organization - AMOR Brazil, 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 far as I to engage in all prescribed activities except as note	•	e person herein de	escribed has permission
Signature of Participant*	 Date		
Signature of Parent/Guardian*		Date	
*Participants under 18 years old must have a parer	nt/guardian si	gnature.	
NOTARY INFORMATION			
The following to be completed by the notary witness	sing parent/g	uardian and/or par	ticipant's signature.
The State of the Count	y 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 subscribed to the foregoing	instrument a	nd acknowledged t	to me that he executed
the same for the purpose and consideration therein	expressed.		
Given under my hand and the seal of the office this	day of	, A.D.	.
Notary Public, Signature			
My commission expires the day of	ΔΠ		