



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 INFORMATION

Name: _____

Birthdate: ___/___/___ Age: _____ Gender (M/F): _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACTS

1. Name: _____ Relationship: _____ Email: _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

2. Name: _____ Relationship: _____ Email: _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

HEALTH INSURANCE INFORMATION

Medical Insurance Co.: _____ Group#: _____

Policy#: _____ Company's Phone: () _____

Company's address: _____

City: _____ State: _____ Zip: _____

Family Physician's Name: _____ Phone: () _____

IMMUNIZATIONS

It is solely the traveler's responsibility to obtain information on required/recommended travel immunizations and travel precautions for the area you are visiting. Please check with your physician and www.cdc.gov to ensure your immunizations are current.

_____(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.

_____ (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.*) _____
