

## **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 havimmunizations.	re consulted my physician regard	ding this travel and am up to date on all	

## **MEDICAL INFORMATION**

Servant Life and Three 18 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 physicia	n and have attached a Doctor's Release.
- or -	
(Initial) I understand the medical risks out that would affect me on this trip and am <b>not receiv</b> before going on this trip.	lined above. I do not have any medical history ving a medical release from my doctor
If you feel it would be helpful for us to be aware of any med list those here. (NOTE: You are not required to share infor	• .

## **EMERGENCY AUTHORIZATION**

In the event of an emergency, I hereby give permission to the medical personnel selected by Servant Life and/or Three18, 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 Three18, 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 know, and the person herein described has permission to engage in all prescribed activities except as noted.			
Signature of Participant*	Date		
Signature of Parent/Guardian*	Date		
*Participants under 18 years old must have a parent	t/guardian signature.		
NOTARY INFORMATION			
The following to be completed by the notary witness	sing parent/guardian and/or participant's signature.		
The State of the County	y of		
Before me, a Notary Public, on this day personally a	appearedknown		
to me (or proved to me on the oath of	) to be the		
person whose name is subscribed to the foregoing in	instrument and acknowledged 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	, A.D		