

## **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:	nurch Name:City/State:					
PERSONAL INFORMA	TION					
Name:						
Birthdate:// Ag	e: 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 Pho	,				
•		<b>7</b> ' .				
		Zip:				
Family Physician's Name:		Phone:()	_			
IMMUNIZATIONS						
		n required/recommended travel siting. Please check with your physic	ian and			
(Initial) I hav immunizations.	e consulted my physician regard	ding this travel and am up to date on	all			

## **MEDICAL INFORMATION**

Servant Life and the Eastern Baptist Convention of Cuba trips typically include travel into the poorest areas of developing countries.

Conditions are frequently uncomfortable and physically challenging and can include:

- · extended periods of walking on rough/unpaved paths
- demanding climbs often at high elevation
- long travel times requiring use of modern and primitive, private and 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.
- Some areas may be remote and medical care may not be immediately available.

## 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 physycian 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 <b>not receiving a medical release from my doctor</b> 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.)	
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## **EMERGENCY AUTHORIZATION**

In the event of an emergency, I hereby give permission to the medical personnel selected by Servant Life and/or Eastern Baptist Convention of Cuba, 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 Eastern Baptist Convention of Cuba, 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 to engage in all prescribed acti		and the person her	ein described has permission	
Signature of Participant*		 Date		
Signature of Parent/Guardian*		Date		
*Participants under 18 years ol	d must have a parent/gua	rdian signature.		
NOTARY INFORMATION	I			
The following to be completed	by the notary witnessing p	arent/guardian and/	or participant's signature.	
The State of	the County of			
Before me, a Notary Public, on	this day personally appea	ired	known	
to me (or proved to me on the oath of)				
person whose name is subscri	bed to the foregoing instru	ment and acknowled	dged to me that he executed	
the same for the purpose and o	consideration therein expre	essed.		
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		