



# DOCTOR'S RELEASE FORM

\* If you checked any of the conditions on the medical release, ask your physician to complete this form.

### Trip participant to complete the following:

Patient's name \_\_\_\_\_ Trip Location \_\_\_\_\_ Trip Dates \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Physician to review and complete the following:

Servant Life and Glocal Mission trips typically include travel into the poorest areas of Houston. Conditions are frequently uncomfortable and physically challenging, including extended periods of walking or physical activity. Dietary changes also add to the physical intensity of our trips, and due to the nature of long periods of travel and sleeping in a different context, experiencing lack of sleep is customary. Please be considerate of these factors as you evaluate the participant's readiness for such conditions.

Physician's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_ The participant is in suitable health and I am able to recommend participation in the trip.

\_\_\_\_ I have prescribed a medical plan for the participant to meet prior to the trip in order to participate in the itinerary during the trip.

\_\_\_\_ I do not recommend the participant to participate at this time.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date