



DOCTOR'S RELEASE FORM

Ask your physician to read and complete this form. Your doctor may issue a release of their own (other than this form). It must be on their letterhead, notarized and specifically stating that they have cleared you to travel on a Servant Life trip to the specific country in which you are serving.

Trip participant to complete the following:

Patient's name _____

Address _____

City _____ State _____ Zip _____

Trip Country _____ Trip Dates _____

Physician to review and complete the following:

Servant Life and UK-USA Ministries 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 be considerate of these factors as you evaluate the participant's readiness for such conditions.

Physician's name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

_____ 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

NOTARY INFORMATION

The following to be completed by the notary witnessing parent/guardian and/or participant's signature.

The State of _____ the County of _____.

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 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. _____.

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

_____ 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

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