



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 Mission Bulgaria 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 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.*) _____

EMERGENCY AUTHORIZATION

In the event of an emergency, I hereby give permission to the medical personnel selected by Servant Life and/or Mission Bulgaria, 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 Mission Bulgaria, 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/guardian signature.

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._____.