

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:/A	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: ()
	Group#: Company's Phone:()	
		Zip:
Family Physician's Name:		Phone: <u>()</u>
IMMUNIZATIONS It is solely the traveler's resp	oonsibility to obtain information o	n required/recommended travel
	ecautions for the area you are vis	siting. Please check with your physician and
(Initial) I hav	ve consulted my physician regard	ding this travel and am up to date on all

immunizations.

MEDICAL INFORMATION

Servant Life and Radooga 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 Serv	ant 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 nat would affect me on this trip and am not receiving a medical release from my doctor perfore going on this trip.
•	l it would be helpful for us to be aware of any medical conditions or allergies, please feel free to 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 Radooga, 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 Radooga, 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 County of . The State of Before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me on the oath of 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. ____.