

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	ATION		
Name:			
Birthdate:/A	ge: Gender (M/F):		
Address:			
City:	State:	Zip:	
EMERGENCY CONTA	CTS		
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:	
•		Phone:()	
IMMUNIZATIONS			
immunizations and travel pr	ponsibility to obtain information or recautions for the area you are vis ir immunizations are current.	n required/recommended travel siting. Please check with your physicia	an and
(Initial) I ha immunizations.	ve consulted my physician regard	ling this travel and am up to date on a	all

MEDICAL INFORMATION

Servant Life and Jocko Valley Baptist Church trips typically include travel into the following:

Conditions can be uncomfortable and physically challenging and can include:

- extended periods of walking
- long travel times requiring use of 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.

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 -	
	rstand the medical risks outlined above. I do not have any medical history in this trip and am not receiving a medical release from my doctor or.
	r us to be aware of any medical conditions or allergies, please feel free to e 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 Jocko Valley Baptist Church, 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 Jocko Valley Baptist Church, 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 a to engage in all prescribed activities except as r	•	cribed has permission
Signature of Participant*	 Date	
Signature of Parent/Guardian*	Date	
*Participants under 18 years old must have a pa	arent/guardian signature.	
NOTARY INFORMATION		
The following to be completed by the notary wit	nessing parent/guardian and/or partic	cipant's signature.
The State of the Co	ounty of	<u>.</u>
Before me, a Notary Public, on this day persona	ally appeared	known
to me (or proved to me on the oath of) to be the
person whose name is subscribed to the forego	oing instrument and acknowledged to	me that he executed
the same for the purpose and consideration the	erein expressed.	
Given under my hand and the seal of the office	this, A.D	
Notary Public, Signature	-	
My commission expires the day of	. A.D.	