



## 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 Amazon Mission Organization - AMOR Brazil trips typically include travel conditions like the following:

Conditions can be uncomfortable and physically challenging and can include:

- extended periods of walking
- long travel times requiring the 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 a 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 \_\_\_\_\_

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:

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\_\_\_\_\_  
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. \_\_\_\_\_.