

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:						
	e: Gender (M/F):					
Address:						
City:	State:	Zip:				
EMERGENCY CONTAC	ets					
1. Name:	Relationship:	Email:				
Home Phone: ()	Cell Phone: ()	Work Phone: ()	_			
2. Name:	Relationship:	Email:	_			
Home Phone: ()	Cell Phone: ()	Work Phone: ()	_			
	Group#: Company's Phone:()					
		ne. <u>(</u>				
		Zip:				
		Phone:(<u>)</u>				
IMMUNIZATIONS						
		n required/recommended travel siting. Please check with your physicia	an and			
(Initial) I have immunizations.	e consulted my physician regard	ling this travel and am up to date on a	all			

MEDICAL INFORMATION

Servant Life and Zona Zegura trips typically include travel in 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.

	·
	el it would be helpful for us to be aware of any medical conditions or allergies, please feel free to here. (NOTE: <i>You are not required to share information with us.</i>)
	(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 perfore going on this trip.
	or -
-	(Initial) I have consulted my local physician and have attached a Doctor's Release.

EMERGENCY AUTHORIZATION

In the event of an emergency, I hereby give permission to the medical personnel selected by Servant Life and/or Zona Zegura, 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 Zona Zegura, 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 abo to engage in all prescribed			e person herein des	cribed has permission
Signature of Participant*		Date		
Signature of Parent/Guardi	an*		Date	
*Participants under 18 year	s old must have a pare	ent/guardian siç	gnature.	
NOTARY INFORMAT	ON			
The following to be comple	ted by the notary witne	ssing parent/g	uardian and/or partic	cipant'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) to be the			
person whose name is sub	scribed to the foregoin	g instrument ar	nd acknowledged to	me that he executed
the same for the purpose a	nd consideration there	in expressed.		
Given under my hand and	he seal of the office th	is day of	, A.D	
Notary Public, Signature				
My commission expires the	e day of	, A.D		