

Medical Release and Emergency Information– Adult

Third Church - Richmond, VA

Name: _____

Trip: _____ Dates: _____

Emergency Information

Contact Person: _____ Relationship: _____

Phone Numbers: _____ (home)

_____ (work)

Insurance Information (You must have insurance coverage outside the U.S.)

Company: _____

Policy Number: _____ Phone Number: _____

Permanent or Temporary Policy: _____

Medical Information

For what medical conditions do you routinely seek medical care?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Have you had any major medical illnesses this year? If so, please describe.

What prescriptive AND over-the-counter medications will you bring on this trip?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Do you have any known food, drug, or other (i.e., latex) allergies? If so, please list.

Do you have any physical disabilities or limitations? If so, please describe.

Do you have any problems traveling in extreme temperatures or in high altitudes?

Did you follow the CDC's vaccination recommendations for this trip? _____ (yes/no)

What was the date of your last tetanus shot (this must be within the past 10 years)?

For Completion by Physician

I have examined _____ (name) on _____ (date) and have find him/her to be in good health and physically able to participate in the Third Presbyterian Mission Project to _____ (country). I have reviewed the information on the front page and have no further information to offer.

Doctor's Name: _____

Signature: _____

Date: _____

Release (To be signed in the presence of a notary public.)

In case of unconsciousness, or inability to release myself for medical treatment resulting from illness, injury, or an accident on the Third Presbyterian Mission project which requires medical attention, I _____, give my permission to Third, its representatives and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians assistants, doctors and paramedics) to receive medical treatment to hospitalize, anesthetize, or perform surgery on me as is required. I, _____ the undersigned, do release, acquit, discharge and covenant to hold harmless Third Church and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during my participation on the trip. It is the intention of this release that the above Third Church and its representatives incur no liability whatsoever while attempting to meet all medical needs that I may require during the project.

Participant Signature _____ Date: _____

State of _____ City/County of _____. Sworn to and subscribed to me this _____ day of _____, 2005.

Notary Public signature _____ My commission expires: _____