

# Confidential Medical Information and Release Form

Name \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Please note: if you become unconscious, incoherent and are in need of medical attention your Team Leader needs to know all of your requirements in order to assist in treatment. It is in your best interests to fill out this form, being as complete and specific as possible. If you answer yes to any of the following, please describe your answer in detail by attaching a separate sheet of paper. A Doctor's Medical Release may also be required.

Asthma	Yes ___ No ___	Secure Disorders	Yes ___ No ___
Diabetes	Yes ___ No ___	Digestive Problems	Yes ___ No ___
Heart Condition	Yes ___ No ___	Emotional History	Yes ___ No ___
Dietary Condition	Yes ___ No ___	Surgical History	Yes ___ No ___
Physical Limitations	Yes ___ No ___	Chronic Illness	Yes ___ No ___

If you answer yes to the following questions, please explain.

Medication Requirements Yes \_\_\_ No \_\_\_ Allergies Yes \_\_\_ No \_\_\_

Other \_\_\_\_\_

It is the responsibility of all individuals to consider private health insurance (please check to see if your carrier covers you outside of the United States) to cover expenses due to injury or illness. A certificate of health insurance is required with this release.

It is in my best interest, being as complete and specific as possible, to have informed and answered to the best of my ability the medical and health information required. I hereby acknowledge that I am solely responsible for any and all medical expenses, which I personally incur while serving this Christian missions ministry. And with this, I hereby release and absolve everything and everyone from any and all responsibility on my behalf of medical expenses.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_