



**MEDICAL INFORMATION, EMERGENCY CONTACT INFORMATION  
& AUTHORIZATION & RELEASE FORM**

Name on Official ID/Passport: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Blood Type (if known): \_\_\_\_\_

Prescriptions (include name, dosage & frequency): \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

I am diabetic:  Yes  No

I have a history of seizures:  Yes  No

Physical Limitations or Concerns: \_\_\_\_\_

\_\_\_\_\_

Additional Health Information: \_\_\_\_\_

\_\_\_\_\_

Physician & Phone Number: \_\_\_\_\_

I consider myself healthy enough to fulfill my responsibilities on the Mission team:  Yes  No

**IN CASE OF EMERGENCY, CONTACT THE FOLLOWING (PRIMARY CONTACT):**

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECONDARY CONTACT:**

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Authorization for Medical Treatment (all participants)**

I/We, \_\_\_\_\_ authorize \_\_\_\_\_  
(Participant or parent(s)/guardian(s) of Participant if under 18) (adult on trip)

if Participant who has reached the age of majority or is unable to do so or in the absence of a parent or guardian of a minor Participant, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to \_\_\_\_\_  
(name of participant)

under the general or special supervision and on the advice of any physician and/or surgeon licensed to practice medicine by the state or country in which they practice, during the duration of the trip identified above.

**Authorization for Youth Travel & Participation**

If Participant is a youth, by my/our signature(s) below, I/We, acknowledge that I/We am or are the parent(s) or guardian(s) of the above-named minor Participant residing at the address set forth above. I/We hereby grant permission for our youth to accompany the Arcola United Methodist Church Mission Team to Harlingen, Texas AND Rio Bravo, Mexico AND surrounding areas in both Texas and Mexico to perform certain mission work and to participate as a member of the mission group. We acknowledge that we are allowing our child to participate entirely upon our initiative, risk and responsibility.

**Notification of Medical Treatment & Responsibility for Medical Expenses**

As parent(s) or guardian(s) of the youth Participant, I/We acknowledge and understand that a trip leader or other adult on the trip will notify me/us or my/our youth's other designated emergency contact of any medical treatment by providers or persons other than adult mission trip leaders that has been administered as soon as possible. I/We recognize however that notification prior to treatment is not always possible in emergent situations or where means of communications are not readily available.

If any type of medical treatment is provided to Participant for any reason, regardless of the source or cause of injury or illness, I/We understand and accept full and exclusive responsibility for any and all expenses arising therefrom or related thereto both during and after the trip.

**Agreement to Abide by Safety & Behavioral Rules**

The Participant agrees to follow and abide by all safety and behavioral rules established by the Team Leaders throughout the duration of the trip. By my/our signature(s) below, I/we acknowledge and agree that the Trip Leaders may dismiss Participant from the mission trip for any behavior that, in the Trip Leaders' sole discretion, is determined to violate the safety and/or behavioral rules established for the trip. I/We further acknowledge, accept and agree to exclusively bear any costs associated with Participant's dismissal, including but not limited to, additional lodging, food and/or travel expenses, and furthermore agree to reimburse Arcola UMC for any such expenses.

\*\*\*THE NOTARIZED SIGNATURES OF **BOTH** PARENTS/GUARDIANS ARE REQUIRED BELOW FOR A **YOUTH** (below the age of 18) UNLESS ONE PARENT/GUARDIAN IS DECEASED.

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

OR

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_  
(for youth under 18)

**Notarization of Authorization & Release Form**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_(year), before me personally appeared \_\_\_\_\_ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_ County \_\_\_\_\_

State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_  
(for youth under 18)

**Notarization of Authorization & Release Form**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_(year), before me personally appeared \_\_\_\_\_ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_ County \_\_\_\_\_

State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_