



Arcola Church



MEDICAL INFORMATION AND EMERGENCY CONTACT INFORMATION

Name on official ID/Drivers License/Passport: _____

Gender: Male Female (Please talk to Pastor Chris for questions or concerns.)

Drivers Lic.# and State of issue / Other ID# / Passport number: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Home phone: _____

Work phone: _____ Email: _____

Blood type (if known): _____ Date of birth: _____

Local church affiliation: _____

1. Information about any prescriptions I use (include name and dosage): _____

2. I am allergic to: _____

3. Physical limitations or concerns: _____

4. Please provide other helpful health information: _____

5. Participant's physician: _____ Phone: _____

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

7. I am diabetic: Yes No

8. I have a history of seizures: Yes No

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

Name: _____ Relationship to missionary: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING (SECONDARY CONTACT):

Name: _____ Relationship to missionary: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

OTHER INFORMATION YOU WISH TO ADD IF AN EMERGENCY ARISES: _____

Authorization for Medical Treatment

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 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 Sneedville, Tennessee AND surrounding areas 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 _____

December 2019