United Methodist Volunteers in Mission
Southeastern Jurisdiction Office of Coordination
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Birmingham, AL 35216

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Medical Information and Release Form

Team Leader: Please keep the original copy

Name _____ _____
Address _____
_____
Date of last physical examination _____

Work Phone _____
Home Phone _____
Fax _____
Email _____

Country _____
Location _____
Project Name _____

Departure Date _____/_____/_____
Return Date _____/_____/_____
Team Leader_____

I, _____ authorize _____
(participant) (adult on trip)
if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician and surgeon licensed to practice medicine by the state or country in which they practice, during the duration of the trip identified above.

Participant's Physician _____ Phone ( ) _____
Medical Insurance Provider _____ Phone ( ) _____
Policy Number _____

Allergies and Medications _____
_____
_____

Physical disabilities and health problems (indicate whether you have special needs regarding sleeping accommodations, meals, etc.) _____
_____
_____

Signature of Participant_____ Date _____/_____/_____

Signature of Parent_____Date _____/_____/_____
(for youth under 18)

Notarization of Medical Release Form

STATE OF_____ PARISH OR 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/Parish _____

State of My Commission Expires