



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 _____

Work Phone _____

Address _____

Home Phone _____

Fax _____

Date of last physical examination _____

Email _____

Country _____

Departure Date ____/____/____

Location _____

Return Date ____/____/____

Project Name _____

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