



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 in which travel will take place _____ Departure Date _____

Location _____ Return Date _____

Team 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 sleep accommodations, meals, etc.) _____

SIGNATURE OF TEAM MEMBER _____ DATE _____

SIGNATURE OF LEGAL GUARDIAN _____ DATE _____
 (If applicant is under 18 yrs. old)

Notarization of Medical Release Form – REQUIRED

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 _____