



United Methodist Volunteers in Mission
 Southeastern Jurisdiction
 PO Box 276
 Birmingham, AL 35203

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 Email: sejinfo@umvim.org
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Medical Information and Release Form

Give original copy to Team Leader. UMVIM does NOT need a copy of this form

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 _____

Mv Commission Expires _____