**Volunteers in Mission**

**Peachtree Road United Methodist Church**

**Medical and Liability Release Form**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth\_\_\_\_\_\_\_\_\_\_ authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(UMVIM participant) (another adult on trip)*

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of the trip identified below.

PRUMC PROJECT/LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person to contact in the event of an Emergency:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Cell) \_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Next of Kin (if different from above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have answered the PRUMC Global Missions Medical Questionnaire for this trip and consider myself healthy enough to fulfill my responsibilities on the mission team. Yes\_\_\_\_\_\_\_** (Please check)

**Physical Limitations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Medical Information** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Liability Release**

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of The United Methodist Church, The UMVIM Board of the Northeastern Jurisdiction of The United Methodist Church,the New England Conference of The United Methodist Churchand **Insert Name of Supervising Organization**, and any related agency, conference, district, local church, member, employee or agent, from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual’s planned participation or involvement in the above-named UMVIM Project. The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, the following: Dangers resulting from disease; from use of power tools or from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced. This release covers all rights and actions of every kind, nature and description, which the undersigned ever had, now has or but for this release, may have. This release binds the undersigned and his/her heirs, representatives and assignees\l

Participant's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Notarization of Liability, Medical, and Information 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, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish or County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_

***Please send this form and Medical Questionnaire to:*** Attn: Dawn Hawkins, Director of Global Missions, PRUMC dawnh@prumc.org or 3180 Peachtree Road NE Atlanta 30305

**Volunteers in Mission**

**Peachtree Road United Methodist Church**

**Medical Questionnaire**

|  |  |  |
| --- | --- | --- |
| **Medical Conditions** | Y\* | N |
| Do you have any allergies? |  |  |
| Do you have any heart issues (e.g., arrhythmia, pace maker)? |  |  |
| Do you have high blood pressure? |  |  |
| Do you have high cholesterol? |  |  |
| Do you have bleeding issues or take blood thinners? |  |  |
| Do you have any Lung related issues (e.g., disease, asthma, emphysema)? |  |  |
| Do you have Diabetes? |  |  |
| At altitudes above 6000 feet, have you ever had headaches, dizziness of shortness of breath? |  |  |
| Do you have a history of seizures? |  |  |
| Do you have a history of depression? |  |  |
| Do you have any memory issues? |  |  |
| Do you have motion sickness? |  |  |

\*If you answered “Y” to any of the previous questions regarding Medical Conditions, please provide details regarding ongoing treatment or care.

|  |  |  |
| --- | --- | --- |
| **Trip Requirements** | Y | N\*\* |
| Are you able to independently navigate unfamiliar surroundings? |  |  |
| Are you physically able to be on your feet for long periods? |  |  |
| Are you physically able to navigate stairs, uneven surfaces etc? |  |  |
| Are you aware of and comfortable with exposure to the cultural norms of the host country that may include smoking or alcohol consumption or restrictions regarding alcohol, dress or behavior? |  |  |
| Are you aware of the vaccination requirements and recommendations for this trip? |  |  |
| Are you comfortable doing manual labor over long days in an environment that may be hot/humid, damp/cold or where healthcare facilities are not nearby? |  |  |

\*\*If you answered “N” to any of the questions regarding Trip Requirements listed above, please contact Dawn Hawkins, Director of Global Missions to discuss how these factors may impact your success on this mission trip

List of All Medications (Prescription and Over the Counter)

List any allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Vaccinations and Dates as it relates to this trip (see CDC guidelines for recommendations). Please also list date of last Tetanus shot.