



MIA MEDICAL RELEASE

Name: _____ Relatives Relation: _____

Relatives name: _____ Relatives name: _____

Relatives work phone: _____ Relatives work phone: _____

Relatives home phone: _____ Relatives home phone: _____

Relatives cell phone: _____ Relatives cell phone: _____

Insurance Information

Company: _____ Policy type: _____

Phone: _____ Policy #: _____

Medical Information

List all prescription medications(s) you will bring on the project: _____

For what condition(s)? _____

Date of last tetanus shot (this must be within ten years): _____

Date of Hepatitis A inoculation (this is not required, but recommended): _____

List any physical disabilities or limitations: _____

List any known allergies and reactions: _____

List any major illnesses in the past year: _____

Have you fainted or passed out? When? Why? _____

Do you have any eating disorders? If yes, have you received counseling? _____

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To be Completed by a Physician

If you are under the care of a physician for any condition or medication, have him/her complete the following:

I have examined _____ and find him/her to be in good general health and physically able to take part in the mission project to _____ on _____ (date) to _____ .

Doctor's signature: _____ Date: _____

Participant Release

In an emergency, illness, injury, or accident which requires medical attention, I give my permission to Mission Impact Alliance, its representatives and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physician's assistants, doctors and paramedics) for my child, to receive medical treatment, to hospitalize, anesthetize, or perform surgery. I understand that every effort will be made to contact my relatives before these actions are taken. I,

_____, the undersigned, do release, acquit, discharge and covenant to hold harmless MIA and its representatives from all actions, damages or liabilities arising out of the treatment of an illness, injury, or accident incurred during my participation on the trip. It is the intention of this release that Mission Impact Alliance and its representatives incur no liability whatsoever while attempting to meet all medical needs that I may require during the project.

Signature: _____ State of _____

State of _____ Country of _____

Sworn to and subscribed to me this _____ Day of _____, 2_____

Notary Public signature: _____ My commission expires: _____