

MEDICAL RELEASE & INFORMATION FORM (PLEASE PRINT)

Susquehanna Conference Volunteers in Mission
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I, _____ Authorize _____ to
(Volunteer Participant) (another adult on trip)

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 or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified below

VIM Trip or Activity ___Allport/Bigler/Woodland Workcamp_____

Date(s) of Mission _____Sunday, August 19 – Friday, August 24, 2012_____

Participant's Physician _____ Telephone _____

Participant's Medical Insurance _____
(Carrier) (Policy #)

Blood Type _____ (Carrier's Telephone)_____

Information about any prescriptions I use:

I am allergic to: _____

Physical limitations or concerns: _____

I am a diabetic; _____yes _____no

I have a history of seizures: _____yes _____no

Name of contact person in USA: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Home Phone: _____

Relationship to me: _____

Signature of Participant _____ Date _____

Signature of Adult on Trip _____ Date _____