



Each team member is to complete this Medical Release and have it notarized before departure. Please fill in the name of your Team Leader and one other person of your choice. If you do not know the other team members, ask your Team Leader for a recommendation. In the case of a minor, the parent or legal guardian must complete the form, sign it and have it notarized.

The signed copy of the Medical Release and the completed Health Questionnaire must be taken to the field by you and NOT sent to the JESUS Film Harvest Partners office. The forms may be required by the hospital or doctor before medical assistance can be given.

DATE: _____

I hereby give _____ (Team Leader) and _____ permission to secure immediate medical treatment for me in the event that I am not able to make that decision due to an injury or illness. In the case of a minor, I, the legal guardian, give permission to the aforementioned to secure immediate medical treatment for my child in the event of accident or illness. In either case it will be from the date of

_____, _____ to _____, _____.

NAME: (Print) _____

SIGNATURE: _____
(If minor, guardian's signature)

STATE OF _____

COUNTY OF _____



Health Questionnaire

Name: _____

Please check any of the health conditions that you may have at the present time or have had in the past. It is important that your Team Leader be aware of any medical problems that may arise while on the trip. Please use the comment space below to add any existing conditions that may not be itemized. Pre-existing conditions are not covered by the JESUS Film Partner Trip insurance policies.

The signed and notarized copy of the Medical Release and the completed Health Questionnaire must be taken to the field by you and NOT sent to the JESUS Film Harvest Partners office.

HEART

- Heart surgeries
- Bypasses
- Heart medication
- Pacemaker
- High blood pressure

LUNGS

- Asthma
- Emphysema
- High altitudes

DIET

- Diabetes
- Prescribed insulin
- Hypoglycemia
- Diet restrictions

OTHER

- Allergies _____
- Phobias (heights, crowds, etc.)
- Epilepsy
- Prescribed medications
- _____

COMMENTS

Please include any health conditions that your Team Leader should be aware of in case of any emergencies and list any medications you will be taking with you.
