

S.O.S. EMERGENCY AUTHORIZATION (for Adults) 1-12

This form must be filled out, signed by each team member, and will remain with the mission team leader of Sending Out Servants at all times.

I, the undersigned,

Name: _____ Date of Birth: _____

agree to the performance of any emergency medical treatment, anesthetics, and/or surgeries by a licensed physician that may be deemed necessary should I experience any illness or accident while traveling with the **Sending Out Servants (.S.O.S.)** mission team to Guatemala in the event that I cannot speak for myself or make a rational decision. I understand that I am responsible for providing medical and accidental insurance to cover my medical expenses.

This release is effective from _____ to _____ (dates).

Dated this _____ day of _____ (month year) at _____ (city, state)

Signature of Applicant _____

PLEASE PROVIDE THE FOLLOWING INFORMATION IN THE EVENT OF A MEDICAL EMERGENCY AND YOU ARE UNABLE TO SPEAK FOR YOURSELF.

1. Name of personal Physician: _____

Physician's Phone Number _____

2. List all medications you are currently taking including name, dose, and frequency. Use back of page if necessary.

3. Do you have allergies to medications, food, pollen, insects, etc.? Circle Yes/ No

If yes, please identify. _____

4. What is your blood type (if known)? _____

5. Do you have any medical disorder of which a doctor should be aware? Circle Yes/No

Example: diabetes, hypoglycemia, high blood pressure, heart conditions, etc.

Note: Please place personal medical information in a sealed envelope with your name on it and give to mission leader. At termination of mission trip, it will be returned to you unopened. This envelope will only be opened if you are unable to speak for yourself if requiring emergency care.]

6. Do you have any medical restrictions/disabilities that the team leader/host should be aware of? Circle Yes/No

If yes, please explain. _____

7. Have you consulted your health care provider regarding this trip? Circle Yes/ No

EMERGENCY CONTACT INFORMATION AND SAFE ARRIVAL NOTIFICATION

1. Name _____

2. Name _____

Relationship _____

Relationship _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Phone _____

Phone _____

Mobile _____

Mobile _____