

**WESLEY UNITED METHODIST CHURCH
EVANS, GEORGIA
RELIEF AND RECOVERY MISSION TEAM**

MEDICAL INFORMATION FOR INDIVIDUAL VOLUNTEERS

Please complete the following and give to mission leader.

Volunteer's Name _____ Dates of mission trip _____

1. Name of emergency contact _____
 - a. Street Address _____
 - b. City _____ State _____ Zip _____
 - c. Phone (work) _____ (Home) _____
(Cell phone) _____ (Other) _____
 - d. Relationship to volunteer _____

2. Blood type _____
3. I have a current Tetanus shot? Yes _____ No _____

4. Allergies _____

5. Prescriptions I use and dosage:

6. Personal Physician / Town or Hospital _____ / _____

7. Health insurance company / Policy Number _____ / _____

8. I have a medical alert card or jewelry? Yes ___ No ___
9. I am diabetic? Yes ___ No ___

10. I have a history of seizures? Yes ___ No ___
11. I wear contact lenses? Yes ___ No ___

12. I consider myself healthy enough to fulfill my responsibilities on the mission team. Yes ___ No ___

13. Please provide any other helpful health information:

CONSENT

In the event my emergency contact cannot be reached, I, _____ (volunteer), authorize _____ (team leader) to consent to any necessary medical examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered under the general 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 above and further authorize the release of medical information from my personal medical records for the purpose of providing medical care. I do not give permission for any other use or re-disclosure of this information.

Volunteer's Signature

Date