



United Methodist Volunteers in Mission  
 Southeastern Jurisdiction  
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## Medical Information and Release Form

**Give original copy to Team Leader. UMVIM does NOT need a copy of this form**

Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Email \_\_\_\_\_

Country USA

Departure Date 6 / 20 / 20

Location Philadelphia, MS

Return Date 6 / 26 / 20

Project Name Choctaw Mission Trip

Team Leader Nick & Stacey Hauck

I, \_\_\_\_\_ authorize \_\_\_\_\_  
 (participant) (adult on trip)

if I am unable to do so, to 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 and surgeon licensed to practice medicine by the state or country in which they practice, during the duration of the trip identified above.

Participant's Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Policy Number \_\_\_\_\_

Allergies and Medications \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physical disabilities and health problems (indicate whether you have special needs regarding sleeping accommodations, meals, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (for youth under 18)

**Notarization of Medical Release Form**

STATE OF \_\_\_\_\_ PARISH OR COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared \_\_\_\_\_ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_ County/Parish \_\_\_\_\_

State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_

