

Evangelistic International Ministries
Medical Release

I, _____, give permission & grant authority to representatives of Evangelistic International Ministries (EIM) to authorize the administration of any medical treatment necessary in the event of a medical emergency in which I am not able to speak for myself. This includes anything that may endanger my life, cause disfigurement, physical impairment, or undue discomfort if delayed. Evangelistic International Ministries, its employees, team leaders or sponsors will not be held liable for any accident, injury or disease incurred by the subject of the form. This authority is granted while I am traveling to and from the mission field and while in the host country. I will assume the responsibility for any costs connected with such treatment and hereby release Evangelistic International Ministries from any financial liability.

Legible Signature _____

Parents Signature if **under** eighteen years of age _____

Address _____ State _____ Zip _____

Phone: Home _____ Work _____

Cell _____ Other _____

Family Physician _____ Phone of Physician _____

Specific medical allergies, drug allergies, chronic illness or other condition that medical personnel need to know in case of emergency should you require treatment

List all medications that you currently take, frequency & dosage

Year of last tetanus shot if known: _____

Blood Type (If known): _____

Vaccinations you have received _____

Insurance Information: (Optional)

Name of Company _____

Address _____

Telephone # _____

Group or Policy # _____

First person to contact in case of emergency:

Name _____

Address _____

Home Phone # _____ Cell _____