

**Evangelistic *International* Ministries**  
**Medical Release**

I, \_\_\_\_\_, give permission & grant authority to representatives of Evangelistic International Ministries (EIM)/Baptist Missionary Association of America (BMAA) 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/Baptist Missionary Association of America, 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/Baptist Missionary Association of America from any financial liability.

Signed \_\_\_\_\_

Parents Signature if **under** eighteen years of age \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone of Physician \_\_\_\_\_

Specific medical allergies, chronic illness or other condition that medical personnel need to know

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

**Mail To: Evangelistic International Ministries**  
**Attn: Rhonda – Medical/Dental Team**  
**PO Box 297**  
**Magnolia, AR 71754**