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:

Name of Company _____

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

P.O. Box 297
Magnolia, AR 71754