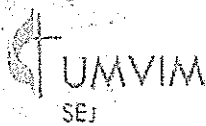

United Methodist Volunteers in Mission
Southeastern Jurisdiction Office of Coordination
100 Centerview Drive, Suite 210
Birmingham, AL 35216

Phone: 205.453.9480
Fax: 205.453.9481
Email: sejinfo@umvim.org
www.umvim.org

Medical Information and Release Form

Team Leader: Please keep the original copy

Name ______________________ ______
Address ____________________________
____
Date of last physical examination ______________

Work Phone ______________________
Home Phone ______________________
Fax ____________________________
Email ____________________________

Country ____________________________
Location ____________________________
Project Name __________________________

Departure Date _____/______/_______
Return Date _____/______/_______
Team Leader______________________

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