

Date of Mission Trip: June 20-27, 2020

Team Name: Lynnhaven UMC

MEDICAL INFORMATION AND RELEASE FORM

Must be filled out by each team member and given to the team leader. The team leader will bring all forms to León, Nicaragua and give to Mission Team Liaison.

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Virginia Beach, VA 23452

I, _____, will be traveling to Nicaragua to minister with El Ayudante, Inc. to the people in and around León. If I need medical attention, I give my team members and the El Ayudante staff the right to give consent to authorize emergency medical care. It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be authorized. It is intended that the authorization release the physician, dentist, person rendering such care at the hospital or institution in which such care is given, El Ayudante, Inc., and my team members from any liability resulting from the failure of me signing a consent or authorization to render such care. It is the intent that El Ayudante's staff and my team members shall act in my stead in making such decisions.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatment is to be given, but are in no way intended to restrict the giving of authorization or consent by El Ayudante's staff or team members. I understand that this form is in effect from the departure of our team to our arrival back to our city of departure.

MEDICAL HISTORY INFORMATION:

1. Do you have any physical limitations or emotional disorders? Please explain.

2. Do you have any medical problems? If so, list them.

3. Have you had major surgery in the past 12 months? If so, explain.

4. Are you presently taking any prescription or non-prescription medicine on a regular basis? If so, list them.
5. Are you allergic to any medication or food? If so, list. Are there any special medications, dosages, and instructions for this allergy? If you are allergic to food, please make the staff aware of this upon your arrival, or before if needed.

Date of last Tetanus _____
Physician's Name _____ Phone _____
Medical Insurance Provider _____ Phone _____
Policy Number _____ Group Number _____

Emergency Contact

Name _____ Relationship _____
Cell Phone _____ Work Phone _____

Signature: _____ Date: _____

(Parent if team member is under 18)

Print Name: _____

Notarization of Medical Release Form

Attention Notary Public: You are notarizing the signature of the parent if this team member is under the age of 18.

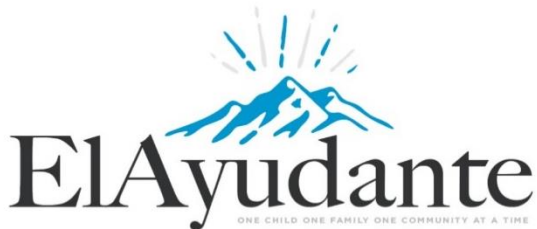
State of Virginia

County of City of Virginia Beach

On this _____ day of _____, 2020, before me personally appeared _____, personally known to me (or providing identification) and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Signature _____

My commission expires _____



Date of Mission Trip: June 20-27, 2020

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El Ayudante, Inc. Release of Claim

www.eanicaragua.com

Must be filled out by each team member and given to the team leader. The team leader will bring all forms to León, Nicaragua and give to Mission Team Liaison.

Name: _____ Date of Birth: _____

Address: _____ City: Virginia Beach State: VA Zip: 23452

Email: _____ Phone: _____

Passport No: _____ Sex: _____ Occupation: _____

Emergency Contact Name: _____ Relationship: _____

Phone number: _____

Statement of Activities and Release

I hereby release and discharge El Ayudante, Inc., and the mission organizations which assisted in these arrangements, their agents, employees, and officers from all claims, demands, actions, judgements, and executions which I ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have of claim to have, against the missions organizations, their agents, employees, and officers, and their successors or assigns for all personal injuries to property, real or personal, caused by, or arising out of mission service. I intend to be legally bound by this statement.

I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including by not limited to such things as health hazards due to poor food and water, disease, pests, and poor sanitation; potential danger from lack of control over local population; potential injury while working; and inadequate medical facilities, etc.

This release has been read and fully understood by the undersigned.

Signature (parent if team member is under 18): _____ Date: _____

Print Name: _____

Notarization of Release of Claim Form

Attention Notary Public: You are notarizing the signature of the parent if this team member is under the age of 18.

State of Virginia

County of City of Virginia Beach

On this _____ day of _____, 2020, before me personally appeared _____, personally known to me (or providing the identification) and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Signature _____

My commission expires _____