St. Andrew United Methodist Church International Mission Trip

Medical History, Authorization, Power of Attorney, Acknowledgement and Agreement

Participants Full Name _____ Home Phone _____ Cell Phone _____

Medical History: The information requested below provides information that may help St. Andrew personnel to improve participant's health and safety while on an international mission trip. While medical evacuation is available under our UMVIM insurance coverage, **we will visit remote areas where medical treatment may not be readily available and medical evacuation may be difficult. Physical conditioning is highly recommended before participating in the strenuous activities which will be part of this mission trip.**
On the mission trip, participants may experience some or all of the following field conditions:

- *Weather conditions can be extreme, temperatures ranging from 40 to + 100 degrees F.*
- *Participants will experience long, physically demanding days.*
- *Each participant is expected to take good care of him or herself.*

This form is to be completed by the participant's parent or legal guardian, carefully considering the above information. If there is an indication that a physical examination by a medical professional would be prudent, this form must be completed and signed by a medical professional. St. Andrew UMC reserves the right to require a physical examination by a medical professional as a condition of participation.

General Medical History: Circle YES or NO for each and explain "yes" answers below.
Does participant currently have or has participant had a history of:

1.	Respiratory problems? Asthma?	YES	NO
2.	Gastrointestinal disturbances	YES	NO
3.	Diabetes?	YES	NO
4.	Hypertension?	YES	NO
5.	Bleeding or blood disorders?	YES	NO
6.	Hepatitis or other liver disease?	YES	NO
7.	Neurological problems? Epilepsy? Seizures?	YES	NO
8.	Dizziness or fainting episodes?	YES	NO
9.	Treatment or medication for menstrual cramps?	YES	NO
10.	Disorders of the urinary or reproductive tracts?	YES	NO
11.	Is participant pregnant?	YES	NO
12.	Migraines?	YES	NO

Given the above statement on field conditions, is there anything else we should know? YES NO

Please explain any "yes" answers (include date(s) and current condition):

_____

Height: _____ Weight: _____ Gender: _____ Date Of Birth: _____

Blood Type (if known:) _____ **Date of Last Tetanus (DTAP) Vaccination:** _____

Muscle/Skeletal Injuries: Does participant currently have or has participant had a history of injuries (including sprains), surgeries or limitations associated with participant's knees, hips, ankles, shoulders, arms, or back? YES NO List: _____

Allergies: Any allergies? Insect, bee stings, foods, plants, other? YES NO List: _____

Is participant allergic to any medications? YES NO List: _____

Medications: Is participant currently taking any medications? YES NO

List Medications_____ Dosage (amt/freq) _____

Side effects/ Restrictions _____

Fitness: Does participant exercise regularly? YES NO Intensity: ___Light ___Moderate ___Competitive

Activity _____ Duration/Dist. _____ Frequency _____

Does participant smoke? YES NO (Smoking not allowed on any mission trip)

Swimming Ability: _____ Non-swimmer _____ Recreational _____ Competitive

Is there anything else we should know about participant's current health or physical limitations?

_____

Medical Insurance Co: _____ Group Name: _____ Group No.: _____

Policy No.: _____ Insur. Co. Phone: _____ Name of Insured: _____

St. Andrew United Methodist Church International Mission Trip

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Certification as to Medical Information: Participant's parent or legal guardian certifies that the foregoing information is a complete and accurate statement of the physical and psychological factors which may affect participant's ability to participate in the activities which are associated with the mission trip. Parent/guardian realizes that the failure to disclose such information fully could result in serious harm to participant and other people. Parent/guardian agrees to inform St. Andrew in a timely fashion should there be any change in participant's health status prior to the start of the activity.

Medical Authorization and Power of Attorney: Participant's parent or legal guardian authorizes St. Andrew UMC personnel to disclose the medical history information to medical professional or emergency response personnel if it is deemed reasonable and appropriate in the sole judgment of St. Andrew UMC staff and volunteer personnel. Parent/guardian authorizes St. Andrew UMC staff and volunteer personnel to use and rely upon the information in this form in connection with participant's participation in the mission trip. Pursuant to Section 15-14-105 of the Colorado Revised Statutes, Participant's parent or legal guardian hereby delegates to the staff and volunteer personnel of St. Andrew United Methodist Church, designated as agents for this purpose, parent/guardian's power of care and custody of participant, including but not limited to, the power to authorize all medical, dental and hospital care for participant and the power to execute all documents and releases necessary to obtain such care. Parent/guardian grants the designated agents the forgoing power with respect to participant for a period ending twelve months from day this Power of Attorney is signed.

Acknowledgement of Disclosure: While the staff and volunteers of St. Andrew UMC will attempt to make participant's participation in the mission trip as safe as possible, the mission trip will necessarily expose participant to certain inherent risks. Participant's parent or legal guardian has been provided with a detailed description of the mission trip which specifies the general activities which will be undertaken and which describes the known risks which may be encountered.

Agreement: Participant's parent or legal guardian acknowledges and accepts the risks associated with the mission trip and parent/guardian grants permission for his/her youth to participate in the mission trip. In consideration of participant's participation in the mission trip, participant's parent/legal guardian, for him or herself and his or her heirs, legal representatives and assigns, covenants with St. Andrew United Methodist Church to never institute any suit or action at law or in equity against St. Andrew United Methodist Church, its representatives, assigns, officers, staff or volunteers, for any loss or damage to property or sickness, injuries or death of participant resulting from participation in the mission trip. Participant's parent or legal guardian gives permission for participant's image to be used in church-related print and web publications. In executing this covenant, participant's parent or legal guardian expressly reserves any and all rights and causes of action against any person or entity other than St. Andrew United Methodist Church, its representatives, officers, staff or volunteers, or other youth participants in the mission trip. Participant's parent or legal guardian agrees that neither St. Andrew nor its staff or volunteer personnel shall have financial liability for any medical treatment, and parent/guardian agrees to be fully and exclusively liable for all expenses and to reimburse St. Andrew or its agents for any medical expenses which are advanced.

Parent/Guardian's Signature _____ Work Telephone _____

Address: _____ Cell Telephone _____

STATE OF COLORADO, COUNTY OF _____

The foregoing Medical History, Authorization, Power of Attorney, Acknowledgement and Agreement was

subscribed and sworn to before me this _____day of _____, _____,

by_____.

Witness my hand and official seal. My commission expires:_____

SEAL

_____

Notary Public