

Haiti  
2012

ISLE OF HOPE  
UNITED METHODIST CHURCH  
HEALTH/PERMISSION FORM

Please fill out completely and return to Isle of Hope UMC Church Office.

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone# \_\_\_\_\_

Cell Phone # & Carrier: \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Phone: \_\_\_\_\_

1. Please check any of the following that apply to the applicant:

Bronchitis \_\_\_\_\_ Hypoglycemia \_\_\_\_\_ Seizures \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Other: \_\_\_\_\_

2. List any allergies such as poison ivy, poison oak, bee stings or medication to which you are allergic: (describe)  
\_\_\_\_\_

3. Do you have any special dietary requirements? (Describe) \_\_\_\_\_

4. Are you currently taking any medications? (Describe and for what purpose)  
\_\_\_\_\_

5. Are you currently under a physicians care? (Describe) \_\_\_\_\_

6. Are there any other medical or special needs that may occur while you are under the church's care?  
\_\_\_\_\_

7. Date of last Tetanus shot: \_\_\_\_\_

8. Do you carry family medical insurance? \_\_\_\_\_ Carrier \_\_\_\_\_  
Policy # \_\_\_\_\_

**A Medical Doctor's Statement may be needed for special situations.**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**YES \_\_NO\_\_ I give my permission for the IOHUMC to seek and provide care for me in case that any need arises (first aid and/or medical including natural disasters) during the mission trip to Bayonnais, Haiti, May 12-19, 2012.**

**YES \_\_NO\_\_ I give permission to be photographed and for photos to be used for ministry and/or promotional purposes.**

In consideration for being included in the above described mission activities, Participant, individually and on behalf of his or her heirs, executors, administrators, and assigns agrees to indemnify, hold harmless, and release the Isle of Hope UMC, its agents, employees, officers, successors and assigns from and against all claims and demands that he or she may make for personal injuries, death, injury to property, damages, losses, suits, judgments, and executions caused by or arising out of said mission activities.

I hereby acknowledge that by engaging in the above-described mission activities, I am subjecting myself to certain risks, including and in addition to those which I normally face in my personal and business life, including but not limited to such things as health hazards due to poor food and water, diseases, pests and poor sanitation; potential injury while working; and inadequate medical facilities, etc.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_