

**Tapachula
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 Tapachula, Mexico, June 16-23, 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:** _____