

**2009 Mission Trip Health and Medical Release Form**  
**Philling the World with SCUM, One City at a Time**

Name \_\_\_\_\_ Male or Female \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

E-mail Address (Optional): \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

(Parent, Spouse, or Legal Guardian) Evening Phone ( ) \_\_\_\_\_

Address of above \_\_\_\_\_

Name \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

(Parent, Spouse, or Legal Guardian)

Evening Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

(If different from participant)

**Other Relative or Responsible Person:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone( ) \_\_\_\_\_ Evening Phone( ) \_\_\_\_\_

Address \_\_\_\_\_

Medication(s) you **cannot** take: \_\_\_\_\_

Allergies/special health problems or concerns: \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Policy # \_\_\_\_\_ Policy Holder's Identification # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

In the event of an emergency or non-emergency situation in which medical treatment is required, I give my consent/permission to the UMCSC Trip Leader Brian Kelley to obtain the services of a licensed physician.

\_\_\_\_\_  
Signature (Participant)

\_\_\_\_\_  
Signature (Parent or Guardian)

\_\_\_\_\_  
Date