



**Holy Covenant United Methodist Church
Hurricane Relief Mission Trip**

Participant Medical Information and Release

The undersigned authorizes the HCUMC Mission Team Leader to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of a Hurricane Relief Mission Trip.

Health problems or special needs regarding meals, etc.: _____

Allergies: _____

Current Medications: _____

Family Doctor: _____ Phone: _____

Medical Insurance Carrier: _____

Policy #: _____ Carrier's Phone: _____

Person(s) to contact in case of emergency: _____

Phone/Cell Phone: _____

If I am ill at the time of trip departure, I will notify the HCUMC Team Leader immediately. If requested, I will obtain a doctor's release to indicate I am not contagious.

Name: _____ (please print)

Signature: _____ Date: _____



CC: HCUMC Team Leader