



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

**HCUMC Team Leader Designation, Medical Information and Release**

Mission Trip Work Destination: \_\_\_\_\_

Date(s) of Mission Trip: \_\_\_\_\_

**The undersigned is designated as the HCUMC Mission Team Leader for the subject mission trip on the identified date(s).**

The undersigned further authorizes \_\_\_\_\_ 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: \_\_\_\_\_

Name: \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

