



**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: _____

