





**Mt. Bethel United Methodist Church**  
**Missions Ministry**  
 4385 Lower Roswell Rd.  
 Marietta, GA 30068

Phone: (770) 971-2880  
 Fax: (770) 578-4473  
 mtbethel.org

**MEDICAL & EMERGENCY INFORMATION & RELEASE FORM**

**Name:** \_\_\_\_\_

- 1) Have you had any major illness during the past year? YES  NO  if yes, please explain \_\_\_\_\_
  - 2) Do you take medications regularly? YES  NO  if yes, please list \_\_\_\_\_
  - 3) Do you have any allergies? YES  NO  if yes, please explain \_\_\_\_\_
  - 4) Is your Tetanus shot current? YES  NO  date of last booster \_\_\_\_\_  
*(There may be additional vaccinations recommended, please check with CDC three to six months prior to travel date.)*
  - 5) Have you been treated or hospitalized for a mental or emotional condition in the last 5 years? YES  NO   
 If yes, please explain \_\_\_\_\_
  - 6) Do you have any physical limitations/disabilities? YES  NO  if yes, please explain \_\_\_\_\_
  - 8) Medical Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_
  - 9) Who should be contacted in case of emergency? \_\_\_\_\_  
 relationship \_\_\_\_\_ e-mail \_\_\_\_\_  
 mobile phone \_\_\_\_\_ work/ home phone \_\_\_\_\_
- Participant's Physician \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_  
 (participant) (another adult on trip)

If I am unable to do so, 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 or country in which they practice, during the duration of the trip identified above.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature of Parent \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**(Required – No Exceptions - for youth under 18)**

**PARENTAL CONSENT FORM**

*Must have signature of both parents. If one parent is deceased, attach a death certificate.*

We, \_\_\_\_\_, the parents/guardians of \_\_\_\_\_  
*Parents or Guardians Student*

give our child permission to accompany Mt. Bethel UMC Short Term Mission Team to Mission Trip to: \_\_\_\_\_

and participate as a member of the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk and responsibility. We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for our child, should the same become necessary because of illness or injury.

Now therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby for ourselves, our child, our heirs, executors and administrators, remise, release, and forever discharge the team leader(s), \_\_\_\_\_

Mt. Bethel UMC, it's pastors, employees, members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip as well as all ground and flight travel incident to such trip. It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow the team leader(s) to act in loco parentis for the duration of the mission trip; and to waive and forego all right of action of ourselves and our child against the parties herein before named.

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature of Parent: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_





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## TO BE COMPLETED BY MY PHYSICIAN:

Mission Trip to: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

I will be doing manual labor outdoors in a climate that is: [ ] Hot and Humid [ ] Cold and Damp [ ] Other

Health care facilities may be inadequate or nonexistent in countries visited by Mt. Bethel UMC mission teams.

Mt. Bethel UMC recommends, per the Volunteers in Mission Medical Fellowship president, the following immunizations and prophylactic medications:

1. A diphtheria/tetanus toxoid booster if not received during the past 10 years.
2. A gamma globulin injection or Hepatitis A vaccine series may need to be administered prior to departure in order to prevent Hepatitis A.
3. Hepatitis B vaccine is recommended for medical-dental team missionaries who may be exposed to blood.
4. An antibiotic for treatment of diarrhea may be prescribed.
5. Malaria prophylaxis is suggested in certain parts of the world. Recommendations for protection against malaria and other diseases may be obtained by calling the Center for Disease Control (CDC) 24-hour hotline, 404-332-4559 or <https://www.cdc.gov/malaria/travelers/index.html>.
6. In most countries where Mt. Bethel UMC teams serve, sunscreen with an SPF 30 is recommended.

Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.

After reviewing the above information and knowing the team member, it is my opinion that no untoward risks would be incurred by this person's participating in a trip as described above.

Signed: \_\_\_\_\_, M.D. Date: \_\_\_\_\_

Physical examination performed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_



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**MINOR TRAVEL FORM**

Please have all minors and both living parents sign this form.

Mission Trip to: \_\_\_\_\_ **Departure Date:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_

I hereby authorize my minor child to travel out of the United States/Canada with an appointed adult guardian during the elected dates. I give authorization to the adults serving on behalf of Mt Bethel United Methodist Church to act as my agents. The adults are:

\_\_\_\_\_

Participant Name \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notarization of Minor Travel Form:**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared

\_\_\_\_\_ to me known to be the same person described above and

who executed the within instrument in my presence, and who acknowledged the same to be their free act and deed.

\_\_\_\_\_  
 Notary Public State of \_\_\_\_\_

(Affix Notary Seal)

\_\_\_\_\_  
 Date County of \_\_\_\_\_

My Commission Expires \_\_\_\_\_