



SENSITIVE

Saint Paul Catholic Church

Medical Information, Authorization & Release

No Missionary will be allowed to participate in the Honduras Mission Trip without having submitted this medical information and authorization form.

Activity Description

Please provide, by _____ (due date), the following information to assist Saint Paul Catholic Church (“the Church”) in providing for the health and safety of Missionary during his or her participation in the Honduras Mission Trip, which will include one or more of the following Church activities:

- a. Construction
- b. Medical
- c. Dental
- d. Distribution of Food

1. Missionary Information

Missionary: _____
First Name Middle Name Last Name

Street Address: _____

City, State ZIP: _____

Date of Birth: _____ Age: _____ Gender: Male Female Blood Type: _____

2. Parent or Guardian Information

Complete if Missionary is under 18 years of age; if contact information is the same as that for Missionary, write “same”.

Father/Guardian: _____
First Name Middle Name Last Name

Address: _____

Phone: H _____ W _____ C _____

Email : _____

Mother/Guardian: _____
First Name Middle Name Last Name

Address: _____

Phone: H _____ W _____ C _____

Email : _____

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3. Emergency Contact (if parent/guardian cannot be reached)

Name: _____

Relationship to Missionary: _____

Phone: H _____ W _____ C _____

Email : _____

4. Doctor

Primary Care Physician: _____

Phone: Office _____ Cell _____

Email: _____

5. Health Insurance

Missionary's Health Insurance Company Name: _____

Address: _____

Policy Number: _____ Effective Date of Coverage: _____

Phone: _____

6. Allergies

Please describe the Missionary's allergies and allergic reactions (including allergies to medications and natural substances):

7. Immunization Record

Please provide Missionary's immunization record and dates (including dates of basic immunization and last booster). Immunizations marked with an * are specifically required to participate in Mission Honduras.

| | | | |
|---------------------|--|--|--|
| Polio | | * Tetanus | |
| Measles | | Mumps | |
| Rubella | | DPT/TD | |
| * Hepatitis A | | * Hepatitis B (health care providers only) | |
| Acellular Pertussis | | TB test given | |

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8. Special Limitations

Please note any special limitations of Missionary's ability to participate fully in the activity described above that are caused by any physical, mental, or medical condition:

9. Current Medications

Please list all current medications that Missionary takes:

| Medication | Dose | Frequency |
|-------------------|-------------|------------------|
| | | |
| | | |
| | | |

10. Special Dietary

Please list any special dietary requirements of Missionary.

11. Illnesses

Does Missionary currently have any of the following illnesses?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding Tendency |
| <input type="checkbox"/> Bulimia | <input type="checkbox"/> Cancer | <input type="checkbox"/> Colitis | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy (Seizures) | <input type="checkbox"/> Heart Disorder | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Other (Please elaborate below) | |

Please describe any of the above illnesses or any other illness or disease that Missionary currently has, and any communicable disease or illnesses that Missionary has had during the last six weeks:

12. Injuries

Has Missionary ever had, or does Missionary currently have any of the following injuries?

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Sprained Back | <input type="checkbox"/> Broken Bones |
| <input type="checkbox"/> Recurrent Ankle Injury | <input type="checkbox"/> Recurrent Knee Injury | <input type="checkbox"/> Other: _____ |

Please describe any of the above injuries that Missionary currently has or has ever had:

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13. Other Medical

Is there any other health or medical information regarding Missionary that an attending physician or any other person supervising Missionary should be informed of? If so, please describe:

14. Doctor's Authorization

Missionary's medical doctor must authorize and give instructions for all prescription medication or any special care to be given Missionary during the activities described above. Prescription drugs will not be administered without that doctor's authorization. Therefore, Missionary must obtain such a note from that doctor addressed to the Church.

Is such note attached? Yes No

15. Authorization for Medical or Surgical Care

This health history is correct and Missionary has permission to engage in all trip activities, except as may be noted in question 9, above. I understand that the Church will make every effort to contact Missionary's parent(s) and/or guardian(s) in the event of a medical emergency. Nevertheless, I hereby give permission and authorize the Church and its agents, at any time they believe an emergency exists, to provide, facilitate, and consent to the provision of any first aid, doctor's care, hospitalization, surgery, and/or any other form of medical care or treatment that Missionary may need because of illness, injury, or other health problems that Missionary may suffer while participating in trip associated activities. I agree to be financially responsible for any medical bill incurred as a result of medical treatment for Missionary, and to assume any costs incurred for transportation should Missionary have to return home, for medical reasons, before or after the rest of the group. I agree to release and hold harmless the Church and its employees, volunteers, and other agents from any claims, liabilities, actions, demands, or losses for or from bodily injury, property damage, wrongful death, or otherwise, that may arise from provision or omission of any type of medical care by those chosen by the Church to administer medical care for Missionary, and that may arise for any reason or by any cause, including through the negligence or carelessness of the Church or its agents.

16. Privacy Statement

The information contained herein will be held by the trip coordinator in a confidential folder. In the event of an emergency this information will be provided to the medical team attending to you. Confidentiality laws will be respected regarding all information contained in this form. The form will be returned to the Missionary at the completion of the trip.

Signatures

Signature of Participant (if 18 years or older):

| | | |
|-------------------|------------------|-------------|
| <i>Print Name</i> | <i>Signature</i> | <i>Date</i> |
|-------------------|------------------|-------------|

Signature(s) of Parent(s) or Legal Guardian(s) if Participant is under the age of 18:

Father/Guardian: _____

| | | |
|-------------------|------------------|-------------|
| <i>Print Name</i> | <i>Signature</i> | <i>Date</i> |
|-------------------|------------------|-------------|

Mother/Guardian: _____

| | | |
|-------------------|------------------|-------------|
| <i>Print Name</i> | <i>Signature</i> | <i>Date</i> |
|-------------------|------------------|-------------|

Witness: _____

| | | |
|-------------------|------------------|-------------|
| <i>Print Name</i> | <i>Signature</i> | <i>Date</i> |
|-------------------|------------------|-------------|