

Confidential Health/Release Form
Uganda E-Team
January 1-13, 2010

To the best of my knowledge, I am physically fit to participate on this trip. I understand that, as in any activity of this nature, participation may result in injury, illness or harm to me. In the event that I suffer sudden illness, accident or injury, I give permission for any emergency treatment that is deemed necessary by a licensed physician or emergency medical professional. I also, assume full responsibility for all medical expenses incurred. Covenant Life Church, along with its employees, volunteers and agents, is hereby released from any claims for bodily injury, property damage, illness, or sudden death which may arise from me participating in this event as the result of negligence of participants, third parties, accidents, or acts of God.

Name:

Last/Family	First	Middle
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Personal History:

Height	Weight	Blood Type
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Primary Care Physician: _____ Phone #: _____

Social Security Number: _____ Date of birth: _____

Medical Insurance Company: _____

Policy Holder: _____

Policy Number: _____

Medical Conditions to be aware of (eg: heart condition, asthma, diabetes, allergies special medications, etc.)

Other illness or conditions: _____

Are you presently under a doctor's care for any conditions? _____

Are you taking any medications at this time? _____

Are you allergic to any drugs? _____

Do you have a history of emotional instability or psychiatric treatment?

Do you have any physical impairments, handicaps, or health conditions that require special attention?

Have you ever had, or do you have, any of the following?

	Yes	No		Yes	No		Yes	No
Allergy:			Surgery:			Jaundice		
Penicillin			Appendectomy			Hepatitis		
Sulfonamides			Tonsillectomy			Kidney Disease		
Serum			Hernia repair			Gallbladder problems		
Other-specify			Other-specify			Intestinal troubles		
Food-specify			Broken bones			Recurrent Diarrhea		
Skin conditions			Dislocation of joints			Shortness of breath		
Eye trouble			Rheumatism/arthritis			Stomach or Duodenal ulcer		
Ear trouble			Back problems			Mental or nervous disorders		
Recurrent headache			Paralysis			Depression		
Fainting spells			Head injury					
Insomnia			Epilepsy					
Hay fever, asthma			Anemia					
Heart trouble			Diabetes					
High blood pressure			Tumor: cancer					
Low blood pressure			Venereal Disease					
Weakness			HIV+					

Emergency Contact Information

Contact Name	Relationship	Home Phone	Cell Phone	Email Address

Consent For Treatment:

In case of emergency, I hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending physician may deem necessary.

 Participants Name Printed

 Participants Signature

 Date