



# Ghana Initiative Medical Missions

ALL GHANA INITIATIVE TEAM  
MEMBERS MUST PURCHASE  
TRAVELERS INSURANCE FOR THE  
MISSION TRIP EXPERIENCE.

## Medical Emergency and Liability Release Form

Volunteer Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Trip (name of country) \_\_\_\_\_ Dates \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

### In case of emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

### Insurance Information

Name of Health Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Insurance Carrier Phone #: \_\_\_\_\_

### Medical Background

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Do you have any medical or physical limitations that may affect your participation in any activity while on the trip that we should be aware of? Allergies?

\_\_\_\_\_  
\_\_\_\_\_

Immunization Record: Please list the date(s) you have had any of the following immunizations.

Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Hep A & B \_\_\_\_\_ Yellow Fever \_\_\_\_\_

Tetanus \_\_\_\_\_ Typhoid \_\_\_\_\_ Medications you have been taking for the trip (Malaria meds., etc.)

\_\_\_\_\_

I hereby consent to emergency medical treatment deemed necessary in the unlikely event of an accident or illness during my ministry trip. I also release the Ghana Initiative and its representative director(s) and staff from ANY liability resulting from any accident or illness. I take full responsibility to educate myself on any recommended vaccinations/medications necessary for the area to which I am traveling.

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