



Ghana Initiative Medical Missions

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 _____