

**CONSENT FOR MEDICAL TREATMENT; RELEASE AND HOLD-HARMLESS FOR TRAVEL for VINEYOUTH**

1. Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_
2. WHEREAS, (I) \_\_\_\_\_ wishes to be a participant of Vineyard Fort Collins; Everyday Exports
3. Which will be traveling to and staying in \_\_\_\_\_ (country), and certain circumstances may occur resulting in my need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; THEREFORE, In consideration of permission from Vineyard Church of Fort Collins for myself to participate in said missionary short-term trip,
4. I, \_\_\_\_\_, being of legal age, or my parents, \_\_\_\_\_, authorize VFC; Everyday Exports, or any designated agent of VFC; Everyday Exports, to act on my behalf should I be unable to do so and to consent to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray, examination, anesthesia, surgery, or other procedures which VFC; Everyday Exports deems necessary for my medical well-being for the duration of the mission. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of any over the counter medications including but not limited to Tylenol, Advil, allergy medications, and is given to provide authorization and specific consent for medical/dental treatment and care in my behalf. Any consent by VFC; Everyday Exports shall have the same force and effect as if I had personally given the consent.
5. I certify I have personal health insurance, including foreign countries, with no territorial limitation, for the providing of medical services to me, which will provide coverage for me during the duration of said mission. I understand that VFC; Everyday Exports will provide Trip Insurance through Travel Guard that will cover the duration of the mission trip.

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Insurance Company Phone \_\_\_\_\_

I, on behalf of myself, (or my parents if I am not of legal age), \_\_\_\_\_ hereby release VFC; Everyday Exports, its agents, servants, employees and assigns for any and all damages, liability or costs resulting from the authorizing of medical treatment on (my child/my) behalf under the terms of this consent. I further hold VFC; Everyday Exports harmless and agree to indemnify VFC; Everyday Exports of any and all costs, damages or expenses incurred by VFC; Everyday Exports as a result of any claim or action filed by any party alleging damages Incurred as a result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases treatment for the conduct of VFC; Everyday Exports and its agents, servants, employees or assigns even if such conduct is negligent.

**DISCIPLINE AGREEMENT**

The rules and regulations of VFC; Everyday Exports Short-term Mission are expressly designed to enhance the ministry experience, protect each member and maintain the high degree of Christian integrity required to minister effectively in a cross-cultural setting. The enforcement of all procedures and regulations are the responsibility of the VFC; Everyday Exports Short-term staff, which includes Team Leaders and the Mission Pastor. This will be done in a manner that VFC; Everyday Exports short-term staff feels is in accordance with Christian principles and the stated purpose of the project/trip. We expect the support of the members in disciplinary decisions made. The team leader and Mission Pastor reserves the right to send any team member home with the regard for the stated rules and regulations. The team member and/or his family is responsible for any cost involved in sending the team member home. These costs may include, but are not limited to, airfare, hotel room, and food for team member and chaperone. We have read the Rules, Regulations and the Discipline measures and agree to abide by them.

**Emergency Contact Information**

Fill out at least 2 different contacts.

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please complete the following questions:**

Are you currently taking any prescribed medication? Yes \_\_\_ No \_\_\_ If yes, please specify the medication and the dosage: \_\_\_\_\_

Are you currently using any non-prescription drugs on a regular basis, such as antihistamines or sleeping aids?

Yes \_\_\_ No \_\_\_ If yes, please specify: \_\_\_\_\_

Are you presently under a physician's care for any illness? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

What was the date and who was the physician of your last physical exam? \_\_\_\_\_

Are there any or have you ever had any serious health issues that need to be factored into your participation on this trip or in the event of a medical emergency? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Please list all surgical operations or hospitalizations the participant has undergone.

1) Operation, illness \_\_\_\_\_

Reason \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Remaining Effects \_\_\_\_\_

2) Operation, illness \_\_\_\_\_

Reason \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Remaining Effects \_\_\_\_\_

3) Please provide any details pertaining to your health not covered in this Travel Release Form.

**Please answer all:**

- | Y                        | N                        |   | Y                        | N                        |  |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma or Chronic wheezing                                    | <input type="checkbox"/> | <input type="checkbox"/> | Mental Health Counseling treatment/depression    |
| <input type="checkbox"/> | <input type="checkbox"/> | Any other respiratory problems                                | <input type="checkbox"/> | <input type="checkbox"/> | Fainting spells                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Cysts or Tumors of any kind                                   | <input type="checkbox"/> | <input type="checkbox"/> | Convulsions, epilepsy or seizures                |
| <input type="checkbox"/> | <input type="checkbox"/> | Chronic or persistent cough                                   | <input type="checkbox"/> | <input type="checkbox"/> | Parkinson's disease                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Skin disorder other than acne                                 | <input type="checkbox"/> | <input type="checkbox"/> | Anemia or any other blood disorder               |
| <input type="checkbox"/> | <input type="checkbox"/> | Attempted suicide   | <input type="checkbox"/> | <input type="checkbox"/> | Serious bodily injury                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Intentionally inflicted harm on oneself                       | <input type="checkbox"/> | <input type="checkbox"/> | Thyroid ailment                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes or Hypoglycemia (low blood sugar)                    | <input type="checkbox"/> | <input type="checkbox"/> | Severe allergic reactions                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Circulatory trouble   | <input type="checkbox"/> | <input type="checkbox"/> | AIDS virus or HIV                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing or Vision Impairment                                  | <input type="checkbox"/> | <input type="checkbox"/> | High or Low Metabolism                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney Problems   | <input type="checkbox"/> | <input type="checkbox"/> | Gall bladder stones or colic                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis  | <input type="checkbox"/> | <input type="checkbox"/> | Prostate problems                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Rheumatism, Arthritis, Painful swollen joints                 | <input type="checkbox"/> | <input type="checkbox"/> | Venereal disease                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Severe Knee Problems  | <input type="checkbox"/> | <input type="checkbox"/> | Breast or menstrual disorder                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Intestinal or bowel problems                                  | <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure/any cardiac problems         |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer  | <input type="checkbox"/> | <input type="checkbox"/> | Eating disorder                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Persistent, recurring indigestion, stomach or duodenal ulcers | <input type="checkbox"/> | <input type="checkbox"/> | Any other disease or disability not listed above |

**Medical and Travel Release:** I further authorize for \_\_\_\_\_ (myself): VCF; Everyday Exports to:

- Release any and all other medical information or records to any party deemed necessary by VCF; Everyday Exports, its agents, servants, employees
- Assign for the providing of medical treatment to \_\_\_\_\_ or to members of the missionary group

I hereby release and hold harmless VCF; Everyday Exports, its officers, employees, agents, and representative/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my participation in this trip. I understand that this release and indemnification releases liability for the conduct of VCF; Everyday Exports and its agents, servants, employees or assigns. I have read and understand the above information. The information I have given VCF; Everyday Exports is accurate and true to the best of my knowledge.

\_\_\_\_\_  
**Participants Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**