

**MEDICAL RELEASE & INFORMATION FORM (PLEASE PRINT)**

Susquehanna Conference Volunteers in Mission  
Calvary United Methodist Church  
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I, \_\_\_\_\_ Authorize \_\_\_\_\_ to  
(Volunteer Participant) (another adult on trip)

consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified below

VIM Trip or Activity \_\_\_Allport/Bigler/Woodland Workcamp\_\_\_\_\_

Date(s) of Mission \_\_\_\_\_Sunday, June 16 – Friday, June 21, 2013\_\_\_\_\_

Participant's Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Participant's Medical Insurance \_\_\_\_\_  
(Carrier) (Policy #)

Blood Type \_\_\_\_\_ (Carrier's Telephone)\_\_\_\_\_

Information about any prescriptions I use:

\_\_\_\_\_

\_\_\_\_\_

I am allergic to: \_\_\_\_\_

Physical limitations or concerns: \_\_\_\_\_

I am a diabetic; \_\_\_\_\_yes \_\_\_\_\_no

I have a history of seizures: \_\_\_\_\_yes \_\_\_\_\_no

Name of contact person in USA: \_\_\_\_\_

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

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

Day Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Adult on Trip \_\_\_\_\_ Date \_\_\_\_\_