



## Medical Information & Release - 2017

El Ayudante Missions, Inc. / Mision Internacional El Ayudante  
*eahonduras.org*

Team Leader: \_\_\_\_\_ Dates of Mission Trip: \_\_\_\_\_

Team Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I, \_\_\_\_\_, will be traveling to Honduras to work with Mision Internacional El Ayudante, to the people in and around Comayagua. If I need medical attention, I give my team members and the El Ayudante staff the right to give consent to authorize emergency medical care. It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be authorized. It is intended that the authorization release the physician, dentist, person rendering such care at the hospital or institution in which such care is given, El Ayudante and it's staff, and my team members from any liability resulting from the failure of me signing a consent or authorization to render such care. It is the intent that El Ayudante's staff and team members shall act in my stead in making such decisions.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatment is to be given, but are in no way intended to restrict the giving of authorization or consent by El Ayudante's staff or team members. I understand that this form is in effect from the departure of our team to our arrival back to our city of departure.

### **MEDICAL HISTORY INFORMATION:**

1. Do you have any current medical conditions or physical limitations? If so, list them.
  
2. Have you had major surgery in the past 12 months? If so, explain.
  
3. Do you currently have any mental or emotional conditions El Ayudante should be aware of?
  
4. Are you presently taking any prescription or non-prescription medicine on a regular basis?  
If so, list them.

