Medical Information & Release - 2024

El Ayudante Missions USA, Inc. / Mision Internacional El Ayudante

eahonduras.org

Team Leader: _____ Dates of Mission Trip: _____
Team Member Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____

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 its 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: (Please be thorough)

Mission work at El Ayudante is physically taxing, including, but not limited to, physical labor, construction type activities, riding in the back of pick-up trucks etc.

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.

5. Are you allergic to any medication or food? If so, list. Are there special medications, dosages, and instructions for this allergy? If you are allergic to a food, please make the staff aware of this before your arrival

Date of Last Tetanus: ____________________________________
Team Member's Physician: ______________________________ Phone: _____________________
Medical Insurance Provider: ______________________________ Phone: _____________________
Policy Number: ____________________________________ Group Number: ___________________
Who should be contacted in case of emergency?
Name: ____ Home Phone: ___________________
Work Phone: ________________________ Cell Phone: ________________________

Liability Release: I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this trip. I hereby release El Ayudante, their Board of Directors, staff, and any designated individual in charge of the group from any legal or financial responsibility with respect to my personal or my child's participation in, or contact with any known or unknown element associated with, all activities.

Signature of team member: _______________________________ Date: __________________
Name of Adult responsible for minor: ____
Signature of parent: ______________________________________ Date: __________________
(If team member is under the age of 18)

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Notarization of Medical Release Form - Unaccompanied Minors

* Notarization of this release form is **REQUIRED** for youth under the age of 18 who will be traveling to Honduras without a parent accompanying them. *

Attention Notary Public: *You are notarizing the* ***signature of the paren***t ***or legal guardian*** of this minor team member.

State of _____________________________________County of __________________________
On this ______ day of ____________________, __________, before me personally appeared ___________________________________ personally known to me (or providing the following identification) ____ and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

____
Notary signature
My commission expires _________________