

# ST. MATTHEW CP CHURCH

## Medical Information and Emergency Contact Information

### CONTACT/MEDICAL INFORMATION MISSION SITE \_\_\_\_\_

Name on official ID/Drivers License/Passport: \_\_\_\_\_

Drivers Lic.# / Other ID # / Passport number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Blood type: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Local Church Affiliation: \_\_\_\_\_

1. Information about any prescriptions I use: \_\_\_\_\_

\_\_\_\_\_

2. I am allergic to: \_\_\_\_\_

3. Physical limitations or concerns: \_\_\_\_\_

\_\_\_\_\_

4. Please provide other helpful health information: \_\_\_\_\_

\_\_\_\_\_

5. Participant's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

6. I consider myself healthy enough to fulfill my responsibilities on the Mission team. Yes  No

7. I am diabetic: Yes  No

8. I have a history of seizures: Yes  No

### IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:

Name: \_\_\_\_\_ Relationship to missionary: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

### UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING:

Name: \_\_\_\_\_ Relationship to missionary: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

OTHER INFORMATION YOU WISH TO ADD IF AN EMERGENCY ARISES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# ST. MATTHEW CP CHURCH

## Parental Consent (missioner under 18 years old)

### LIABILITY RELEASE

TEAM#: \_\_\_\_\_ MISSION SITE \_\_\_\_\_

We, \_\_\_\_\_ and \_\_\_\_\_,  
Parents or guardians Parents or guardians

the parents/guardians of \_\_\_\_\_ give our child, a minor residing at \_\_\_\_\_  
Child's name (address), permission to accompany a ST. Matthew CP Church mission team to \_\_\_\_\_ (location of mission) and participate as a member of the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk, and responsibility. We have been advised and understand that the group may be exposed to unusual risks. Those risks may involve, among other things, the following:

Dangers resulting from disease, including air, food and water-borne illness; from civil insurrection or warfare; from post-warfare hazards; from geographic conditions; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating, vehicle accidents and worksite accidents. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced.

Therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby for ourselves, our child, and our heirs, executors, and administrators, remise, release, and forever discharge the team leader(s) \_\_\_\_\_, the St. Matthew Cumberland Presbyterian Church, its officers and members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind, including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip, as well as all ground and flight travel incident to such trip.

### IN LOCO PARENTIS

It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow the team leader(s) \_\_\_\_\_ to act *in loco parentis* for the duration of the mission trip, and to waive and forego all right of action by ourselves and our child against the parties herein before named.

### MEDICAL RELEASE

We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for our child, should the same become necessary because of illness or injury.

I specifically authorize a physician or other appropriate medical professional to treat my child's \_\_\_\_\_  
(Name of ailment)

by performing \_\_\_\_\_ and by prescribing \_\_\_\_\_  
(Name of procedure) (Name of prescription)

and providing such prescription to my child for treatment.

### MEDIA RELEASE

So that St. Matthew can continue to share the love of Christ by telling the story of the ministry, I consent to the use of my child's image or voice in photographs, audio and/or video recordings taken during the course of this mission for the publicity of the St. Matthew Outreach program.

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

### Notarization of Parental Consent Form

STATE OF \_\_\_\_\_ PARISH OR COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared \_\_\_\_\_ to me known to be the same person(s) described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_ County/Parish \_\_\_\_\_

State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_

# ST. MATTHEW CP CHURCH

## Release Form (missioner 18 years old and older)

### LIABILITY RELEASE

### MISSION SITE \_\_\_\_\_

The undersigned releases and agrees to hold harmless St. Matthew Cumberland Presbyterian Church and any related agency, conference, district, local church, member, employee, or agent, from any liability, injury, damage loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in the following project:

\_\_\_\_\_  
*(Write in name and location of project)*

The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, the following:

Dangers resulting from disease, including air, food and water-borne illness; from civil insurrection or warfare; from post-warfare hazards; from geographic conditions; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating, vehicle accidents and worksite accidents. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced.

This release covers all rights and actions of every kind, nature, and description, which the undersigned ever had, now has, or but for this release, may have. This release binds the undersigned and his or her heirs, representatives, and assignees.

### MEDICAL RELEASE

If I am unable to do so, I hereby authorize the Team Leader or another designated adult on the team to 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 or country in which they practice, during the duration of this mission.

### MEDIA RELEASE

So that St. Matthew CP Church can continue to share the love of Christ by telling the story of the ministry, I consent to the use of my image or voice in photographs, audio and/or video recordings taken during the course of this mission for the publicity of the St Matthew outreach projects.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's printed name

\_\_\_\_\_  
Dates of Mission

### Notarization of Release Form

STATE OF \_\_\_\_\_ PARISH OR COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared \_\_\_\_\_ to me known to be the same person(s) described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_

County/Parish \_\_\_\_\_

State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**ST. MATTEW CP CHURCH**

**Notification of Death (International missions only)**

**MISSION SITE** \_\_\_\_\_

Name: \_\_\_\_\_ Passport No.: \_\_\_\_\_

In the event of my death, should my death occur outside the United States, a family member or a St. Matthew CP Church representative or a representative of the US State Department/US Embassy is to be instructed by the following:

1. Immediately contact the following:

My family or other: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. My wishes are as follows: (choose option A or option B)

**A.** My body is to be cremated if possible, prior to being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with the United States Embassy of the nation where the death occurred. My remains are then to be shipped to:

\_\_\_\_\_  
If cremation is not possible, then my body is to be shipped home, in keeping with the requirements of the host nation, to (funeral home):

\_\_\_\_\_

**B.** I do not wish to have my body cremated. My body is to be shipped to the US, in keeping with the requirements of the nation where the death occurred, to (funeral home):

\_\_\_\_\_

All my valuables, money, and personal possessions are to be kept in the control of the representative of the United States Embassy and shipped to:

\_\_\_\_\_

In the event of death, all of the above instructions are to be followed in consultation with the above-named family member if that family member's physical condition and location make such consultation possible. Further, all valuables, money, and personal possessions are to be placed in the possession and control of the above-named family member.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18, must be signed by parent or guardian)

Printed Name: \_\_\_\_\_  
\_\_\_\_\_ *Dates of Mission and Team Number*

**Notarization of Notification of Death Form**

STATE OF \_\_\_\_\_ PARISH OR COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared \_\_\_\_\_

\_\_\_\_\_

to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_ County/Parish \_\_\_\_\_

State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_

*Complete form for International Missions only.*