

**VOLUNTEER IN MISSION**  
**MEDICAL INFORMATION AND EMERGENCY CONTACT INFORMATION**

**IDENTIFICATION INFORMATION**

Legal Name \_\_\_\_\_

ID # (passport, DL, or state issued ID) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Location of Project \_\_\_\_\_ Dates of Project \_\_\_\_\_

**MEDICAL INFORMATION**

Blood type \_\_\_\_\_ Date of last physical examination \_\_\_\_\_

Current Medications \_\_\_\_\_

Known Drug Allergies: \_\_\_\_\_

Physical disabilities and health problems – indicate whether you have special needs regarding sleeping accommodations, meals, etc. \_\_\_\_\_

I am a diabetic: Yes / No \_\_\_\_\_ I have a history of seizures: Yes / No \_\_\_\_\_

Participant's Physician \_\_\_\_\_ Phone( ) \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Phone( ) \_\_\_\_\_

Policy Number: \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT THE FOLLOWING (PRIMARY CONTACT)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**IF UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING (SECONDARY CONTACT)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I have truthfully filled out the above information to the best of my ability and consider myself (my child) healthy enough to fully participate in this FUMC Tulsa VIM.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

*For youth under 18*

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**VOLUNTEER IN MISSION**  
**PARENTAL CONSENT FORM (FOR PARTICIPANTS UNDER 18)**

Legal Name \_\_\_\_\_

Full Name of Minor Participant \_\_\_\_\_

Address of Minor Participant \_\_\_\_\_

Travel Dates and Destinations \_\_\_\_\_

Method of Travel (airlines, flight #, etc.) \_\_\_\_\_

Reasons for Travel \_\_\_\_\_

I/We am/or/are the parent/parents/guardian and/or guardians of the above named participant who is a minor residing at the address set forth above (the "Minor"). I/We hereby give permission to accompany a First United Methodist Volunteers In Mission team to perform certain work 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, vehicles 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 mission work team leader(s), First United Methodist Church of Tulsa, 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 "Minor" child, should be same become necessary because of illness or injury. I/We specifically authorize a physician or other appropriate medical professional to treat the child "Minor" child preexisting condition, if any, as listed below.

In the case of an existing condition, we specifically authorize a physician or other appropriate medical professional to treat our child's \_\_\_\_\_ (Name of ailment) by performing \_\_\_\_\_ (Name of procedure) and/or by prescribing \_\_\_\_\_ (Name of prescription) and providing such prescription to our child for treatment.

**VOLUNTEER IN MISSION**  
**PARENTAL CONSENT FORM (FOR PARTICIPANTS UNDER 18)**

Legal Name \_\_\_\_\_

Full Name of Minor Participant \_\_\_\_\_

Address of Minor Participant \_\_\_\_\_

Travel Dates and Destinations \_\_\_\_\_

Method of Travel (airlines, flight #, etc.) \_\_\_\_\_

Reasons for Travel \_\_\_\_\_

**MEDIA RELEASE**

So FUMC VIM 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 First United Methodist Church Volunteers In Mission Program.

**CONDUCT OF THE MINOR**

We acknowledge that the minor is expected to conduct him/herself responsibly throughout the trip and while performing mission work and will conform generally to the applicable laws of the jurisdiction in which the minor is traveling, including but not limited to any such laws or policies pertaining to alcohol consumption and/or drug use, etc.

**GOVERNING LAW**

We agree that the substantive and procedural laws of the state of Oklahoma shall govern the validity, construction, interpretation, performance and enforcement of this instrument or the subject matter covered thereby and we agree to jurisdiction in Oklahoma without reference to its conflicts of laws provision. We also hereby agree that any action and/or proceeding in connection with this instrument or the subject matter covered thereby shall only be brought in the venue of Tulsa County, Oklahoma.

**THE RELEASE SHALL BE IN EFFECT FOR THE DURATION OF THE MISSION TRIP OR UNTIL RESCINDED BY ME/US, IN WRITING.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Minor

**FOR DOMESTIC:**

This instrument was signed on the above date by the above person in the presence of each of us, the undersigned witnesses, as a free and voluntary act and deed for the purposes therein expressed.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

**FOR INTERNATIONAL**

This instrument was signed on the above date by the above person in the presence of each of us, the undersigned witnesses, as a free and voluntary act and deed for the purposes therein expressed.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Print Name

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

AT ALL TIMES WHILE OUT OF THE UNITED STATES THE MINOR MUST CARRY THE ORIGINAL OF THIS INSTRUMENT AS WELL AS PROOF OF PARENT/GAURDIAN AND CHILD RELATIONSHIP.

This parental consent form must be signed and notarized by both parents and/or all legal guardians even if parents are divorced or separated. If one parent holds sole custody, attach a copy of the divorce decree. If a parent is deceased, attach a copy of the death certificate. Be prepared to show these documents at border crossing.