



Medical Consent Form

Whereas, (my child/I) _____, wishes to be a member of _____
_____ (sponsoring church/group) missionary team, which will be traveling to, and staying in
_____ (country), and whereas, certain circumstances and situations may occur resulting in (my child's/myself)
need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment:

Therefore,

1. In consideration of permission for my child to participate in said mission, I _____
_____, being of legal age, authorize ICFG or any agent of ICFG, to act in my child's behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic testing, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for my child's medical well-being for the duration of the mission trip.
2. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care on my child's behalf.
3. Any consent by ICFG shall have the same force and effect as if I had personally given the consent.
4. I understand that medical insurance in foreign countries, provided by ICFG, is included in the trip cost. It covers \$75,000 for accident or illness, \$7500 for trip interruption due to injury or illness, \$10,000 for political evacuation, \$100,000 for accidental death and dismemberment, and up to \$500,000 for medical emergency evacuation (air ambulance).
5. I hereby release and hold harmless ICFG, its officers, employees, and representatives/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my child's participation in this trip.
6. My child's passport # is: _____, Issuing Country _____

If the child is under the custody of both parents, both parents' signatures are needed. If the child is not, we need the signature of the parent who has legal custody of the child. (Some foreign countries require this.)

Date

Father's Signature (if applicant is under 18 years of age)

Date

Mother's Signature (if applicant is under 18 years of age)

Date

Guardian's Signature (if applicant is under 18 years of age)

Date

Applicant's Signature

Date

State of _____, County of _____

.....

Before me, the undersigned, a Notary Public in and for said county and state on _____
,20____, personally appeared the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year above written.

My commission expires ___/___/___.

Notary Public

(Stamp)



Medical Assessment Form

Please make sure that you have received a list of required and suggested immunizations for the country you plan on entering. Your shot records must be up to date. Some countries ask to see your shot record before entry is granted.

Please answer the following question to the best of your knowledge.
Have you ever been treated by a doctor for any of the following (every item must be checked)?

Yes	No	
___	___	Asthma or chronic wheezing
___	___	Emphysema or other lung and/or respiratory problems
___	___	Chronic, persistent cough or shortness of breath,
___	___	Tuberculosis
___	___	Any skin disorder or disease other than acne
___	___	Chronic/recurrent ear or eye problems
___	___	Impairment of hearing or vision
___	___	Persistent, recurring indigestion, stomach or ulcers
___	___	Gall bladder stones or colic
___	___	Jaundice, cirrhosis or other liver problems
___	___	Intestinal or bowel problems, colitis, hemorrhoids, other rectal problems or bleeding
___	___	Any test results indicating exposure to the AIDS virus
___	___	Albumin, blood or pus in the urine; painful or frequent urination; or kidney problems
___	___	Diabetes or hypoglycemia (low blood sugar) *DIABETICS, at times there will be limited access to supplies for specialized diets.
___	___	Serious bodily injury
___	___	Mental health counseling or psychiatric treatment
___	___	Rheumatism, gout, arthritis or other forms of swollen painful joints
___	___	Chronic back pain, back injury or surgery; sciatica, scoliosis or other bone or joint disorder
___	___	Cysts, tumors or growths of any kind, hernia or rupture, cancer
___	___	Fainting spells, dizziness, convulsions, epilepsy or seizure disorder
___	___	High blood pressure, heart murmurs or other cardiac problems
___	___	Vein or circulatory trouble
___	___	Severe migraine headaches
___	___	Thyroid ailment, high or low metabolism
___	___	Anemia or other blood disorder
___	___	Abnormality or reproductive systems, prostate problems, breast disorder, menstrual disorders, or venereal disease
___	___	Parkinson's disease
___	___	Severe knee injury or problems
___	___	Allergies to medications
___	___	Any other diseases, deformity, or disability not listed above

Are you currently taking any prescribed medication? Yes ___ No ___ If yes, please specify the medication and the dosage.

Are you currently using any non-prescription drugs on a regular basis; such as antihistamines, sleeping aids? Yes ___ No ___ If yes, please specify.

Are you presently under a physician's care for any illness? Yes ___ No ___ If yes, please explain.

Family Medical History

Do your grandparents, parents, or siblings have:

Yes ___ No ___ Diabetes Yes ___ No ___ Hypertension Yes ___ No ___ Heart Disease
 Yes ___ No ___ Depression Yes ___ No ___ Mental Illness

Applicant's Signature _____

Date Parent's

Signature (If under 18 years of age) _____

Date



RELEASE OF LIABILITY ASSUMPTION OF RISK AGREEMENT

THIS IS A RELEASE OF LIABILITY – READ BEFORE SIGNING

PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____

ADDRESS: _____

IN CONSIDERATION OF being allowed to participate on the short-term missions team ("Team") to (destination city & country) _____ ("Destination") beginning [date] _____ and ending on or about [date] _____ and for being permitted to participate in various ministry and relief projects at various locations at the Destination sponsored by the International Church of the Foursquare Gospel, [name of local Foursquare church] _____ and the Foursquare organization of the Destination country, if any (the "sponsors"), I, the Participant, acknowledge and agree as follows:

I acknowledge that I have been informed of the following dangers and risks associated with the proposed trip to and from the Destination and the work I may do while there:

- \$ The work I will do may include manual labor and the use of had tools and power tools. There is a risk of serious bodily harm inherent in such work and the use of such tools.
- \$ I may be exposed to various communicable diseases, which may cause serious illness or death.
- \$ The Destination may be politically unstable, with police enforcement of law and order unreliable. There is a risk of civil unrest, which may affect my travel arrangements and, possibly, pose a risk to me of theft and serious bodily harm.

I acknowledge that the work itself may involve being in hazardous areas where sanitation and/ public safety is lacking.

I acknowledge that the residence quarters may consist of rudimentary bunk bed, toilet and shower facilities that will be occupied by other people at or before the time I am there. There is some risk of injury from others and from hazardous conditions created by others without the knowledge or consent of the sponsors.

I agree that I will NOT use any tool or participate in any activity in which I do not feel safe or adequately equipped or trained.

I agree that I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even the risks arising from the negligence of the Sponsors, and assume full responsibility for my participation.

I agree and do, for myself and on behalf of my heirs, assigns, personal representatives, RELEASE AND HOLD HARMLESS THE SPONSORS, AND THEIR DIRECTORS, OFFICERS, EMPLOYEES AND AGENTS, FROM LIABILITY FOR ANY LOSS OR DAMAGE TO PROPERTY AND FOR ANY LOSS, INJURY, INCLUDING DISABILITY OR DEATH THAT I MAY SUFFER whether caused by other persons, the Sponsors, or myself.

I agree this release covers each and every activity and event involved in my participation in the disaster relief efforts of the Sponsors.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULLY AND UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SIGNIFICANT LEGAL RIGHTS BY SIGNING THIS AGREEMENT, AND I SIGN IT FREELY, KNOWINGLY AND WOLUNTARILY WITHOUT INDUCEMENT OF ANY KIND.

Date: _____ Participants Signature: _____

If Participant is under age 18, a Parent or Guardian must also read the agreement and sign below.

I certify that I am the parent or legal guardian of _____ (the participant); and that I have read the foregoing Release of Liability and Assumption of Risk Agreement; and that I consent for myself and the participant to the participant's involvement and participation in the disaster relief efforts of the sponsors on the terms and conditions set forth above, and to release and indemnify the Sponsors from any and all liabilities arising from the participant's involvement in such activities.

Date: _____ Parent / Guardian
Signature: _____

Emergency Phone #: _____