

AUTHORIZATION FOR MEDICAL TREATMENT

This health history is correct to the best of my knowledge and I am able to engage in all activities involved with this trip except as noted. I hereby give permission to the medical personnel selected by Mission of Mercy and/or Northern New England District staff or other trip participants who, in the event I am incapacitated, I appoint as my health care Agent/Personal Representative to order, authorize and consent to x-ray examination(s), routine diagnostic tests, anesthetic, medical or surgical treatment and to maintain and/or release any medical records necessary for insurance purposes as set forth under the HIPAA regulations contained herein. I also authorize my Agent to provide or arrange necessary related transportation for me in an emergency. I hereby give permission and authorize the licensed physician(s) selected by my Agent to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed by me.

I further authorize the physician(s) or licensed dentist(s) to associate any necessary medical providers at his/her discretion. I understand that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage my Agent and said physician(s) or dentist(s) to exercise their best judgment regarding the requirements of such diagnosis or medical, dental or surgical treatment.

I agree to remain fully liable and responsible for the payment of any such hospital, physician, ambulance, dental or medical expenses with exception of the Accident Coverage as set forth below. I further agree that in giving this permission, authorization and consent, Mission of Mercy and Bethesda Ministries, Inc. or Northern New England District A/G do not assume any responsibility or liability for the payment of such hospital, physician, ambulance, dental or other medical expenses which may be incurred.

ACCIDENT COVERAGE

I understand that my personal health insurance will provide primary coverage for any accident, incident or event that occurs while I am a trip participant and further understand that Mission of Mercy will provide an international travel health insurance policy which provides secondary coverage to my health insurance.

My Insurance Company: _____

Policy Number: _____

Insurance Company Address: _____

Telephone Number: _____

Not currently insured.

ACKNOWLEDGEMENT AND ASSUMPTION OF INHERENT RISK AND RELEASE

I acknowledge and understand that there are inherent risks associated with Mission of Mercy/Northern New England District trips. I will assume the risk associated therewith, whether known or unknown to me at this time. I recognize that my participation with a Mission of Mercy/Northern New England District trip is a privilege and as consideration for this privilege, I release Mission of Mercy and Bethesda Ministries, Inc., or Northern New England District A/G including its employees, agents and trustees, from responsibility for my accidental physical injury, medical illness or death while participating with the trip(s) or during Mission of Mercy/Northern New England District sponsored travel to or from the trip. Furthermore, I hold Mission of Mercy and Bethesda Ministries, Inc. and the Northern New England District A/g harmless for any negligent act committed by Its employees, agents or trustees while I am participating with a trip(s) and release It from any and all liability, claims, demands, actions or rights of action, which are related to or are in any way connected with my participation with the trip(s). This release is also intended to include all claims or actions or right to actions made by my family, estate, heirs, Agent/Personal Representative or assigns.

This form may be photocopied and utilized by my Agent for all such trips in which I participate.

IN WITNESS WHEREOF, I have executed this document this ____ day of _____, 200__.

Printed Name of Participant: _____

Signature of Participant: _____

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 200__, before me personally appeared _____ to me known to be the person described in and executed the foregoing instrument and acknowledged that _____ executed the same as _____ free act and deed.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal in the County of _____, State of _____, the day and year first above written.

Notary Public

My Commission Expires:
