



United Methodist Volunteers in Mission
 Southeastern Jurisdiction
 PO Box 276
 Birmingham, AL 35203

Phone: 205.453.9480
 Email: sejinfo@umvim.org
www.umvim.org

UNITED METHODIST VOLUNTEERS IN MISSION
 SOUTHEASTERN JURISDICTION

Medical Information and Release Form

Give original copy to Team Leader. UMVIM does NOT need a copy of this form

Name _____
 Address _____

 Date of last physical examination _____

Work Phone _____
 Home Phone _____
 Fax _____
 Email _____

Country _____
 Location _____
 Project Name _____

Departure Date ____/____/____
 Return Date ____/____/____
 Team Leader _____

I, _____ authorize _____
 (participant) (adult on trip)
 if I am unable to do so, 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 and surgeon licensed to practice medicine by the state or country in which they practice, during the duration of the trip identified above.

Participant's Physician _____ Phone () _____
 Medical Insurance Provider _____ Phone () _____
 Policy Number _____

Allergies and Medications _____

Physical disabilities and health problems (indicate whether you have special needs regarding sleeping accommodations, meals, etc.) _____

Signature of Participant _____ Date ____/____/____

Signature of Parent _____ Date ____/____/____
 (for youth under 18)

Notarization of Medical 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 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 _____ Mv Commission Expires _____



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Emergency Contacts

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Name _____ Passport Number _____

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

Immediately contact the following:

1. Name: _____ Phone: _____ Relationship: _____

Address: _____

2. Name: _____ Phone: _____ Relationship: _____

Address: _____

3. Name: _____ Phone: _____ Relationship: _____

Address: _____

My wishes are as follows:

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 US Embassy of the nation where the death occurred.

My remains are to then be shipped to: _____
 _____ (funeral home and address)

If cremation is not required by the host nation, ship my body to:
 _____ (funeral home and address)

All my valuables, money, and personal possessions are to be kept in the control of the representative of the US Embassy, and shipped to: _____ (name and address)

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

Signature: _____ Date: _____
 (If under 18, must be signed by parent or guardian).

Notarization of Medical 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 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 _____

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Physicians Release Form

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I plan to participate in a Volunteers in Mission project in _____ (location of project). I will be doing manual labor outside in a climate that is:

Hot and Humid Cold and Damp Where healthcare facilities may be inadequate or nonexistent

The Volunteers in Mission Medical Fellowship president recommends the following immunizations and prophylactic medications:

1. A diphtheria/tetanus toxoid booster if not received during the past 10 years
2. A gamma globulin injection or Hepatitis A vaccine series may need to be administered prior to departure in order to prevent Hepatitis A.
3. Hepatitis B vaccine is recommended for medical-dental team missionaries who may be exposed to blood.
4. An antibiotic for the treatment of bacteria diarrhea may be prescribed
5. Malaria prophylaxis is indicated in certain parts of the world. Recommendations for protection against malaria and other diseases may be obtained by calling the Center for Disease Control (CDC) 24 hour hotline at: 800.232.4636 or 800.CDC.INFO
6. In most countries where UMVIM teams serve, the use of sunscreen with an SPF factor of 30 is recommended.

Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process

After reviewing the above information and knowing the team member, it is my opinion that not untoward risks would be incurred by this person's participating in a project as described above.

Signed _____, MD

Date _____

Physical examination performed? ___ Yes ___ No

Print Name _____

Phone _____

Address _____

Fax _____



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Team Member Evaluation

Please return this evaluation to the team leader or, if you prefer, the UMVIM, SEJ office.

1. List at least two of the experiences you appreciated most about the mission.
2. Share at least two significant impressions you had while on the mission team.
3. Rate according to your experience, the following (1=not good, 5=very good).

Effectiveness of team orientation onsite	1	2	3	4	5	
Interaction with the local people	1	2	3	4	5	
Team worship and sharing		1	2	3	4	5
Schedule		1	2	3	4	5
Living arrangements		1	2	3	4	5
Food		1	2	3	4	5
Personal growth in your faith		1	2	3	4	5
Team Leader		1	2	3	4	5
Logistical Coordination		1	2	3	4	5

If you gave any of the above a "1" - please give additional information so we can address your concerns: _____

4. List any suggestions that might be helpful to future teams participating in such a mission.
5. Describe some of your present feelings.
6. If given the opportunity, would you participate in such an experience again?

Team Leader _____ Location of mission experience _____

Dates of mission _____

Contact Information (optional): _____

Signature (optional): _____



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Parental Consent Form

(Must have signatures of both parents. If one parent is deceased, attach a death certificate)

Give original copy to Team Leader. UMVIM does NOT need a copy of this form

We, _____, the parents/guardians of _____,
Parent or Guardian name of youth
give our child, a minor of _____ permission to
address
accompany a United Methodist Volunteers in Mission team to _____ and participate as a member of
location
the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk and responsibility.

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 specific 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.

Now 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, our heirs, executors and administrators, remise, release, and forever discharge the team leader(s) _____, the _____ Conference of the United Methodist Church, United Methodist Volunteers in Mission, its officers, 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.

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 of ourselves and our child against the parties herein before named.

Executed in the presence of:

Notary Public

Parent/Guardian

Address

(seal)

State of _____

Parent/Guardian

Country of _____

Address