



MEDICAL AND LIABILITY RELEASE FORM

Participant's Name
(Same as Passport)

Complete Address

Birthdate

Nationality

Phone number

**Doctor/Health
Care Provider**

Health Insurance Co.

My Insurance policy

- ☐ Will cover me
☐ will NOT cover me (while out of my home country)

In an emergency please contact the following:

Name: _____ **Phone/email** _____
Name: _____ **Phone /email** _____

Allergies

- ☐ None
☐ YES - please write down what type of allergy and medication:

Health Condition:

- ☐ NO significant medical problem
☐ YES - please write down your medical condition and medication:

Physical Activity Restrictions:

- ☐ None
☐ YES - please describe:

If during this outreach, I suffer an injury such that I am unable to give consent to emergency/medical treatment, I hereby grant my permission to the physician/dentist and/or Outreach leader of the Asian Relief and Medical Services team to authorize hospitalization or any other prescribed treatment (injection, anesthesia, or surgery) as deem appropriate or necessary.

My signature releases Asian Relief and Medical Services, its agents, employees, and volunteer assistants from any liability arising out of injury, damage, or loss which may be sustained by me during this outreach period.

Signature above printed name _____ Date Signed: _____