

### Flatirons Short-term Trip Medical Information and Release

(This information will be kept confidential and shared only with the team leader(s), Global Outreach staff and partner representatives, as needed, in the event you should require medical treatment throughout the trip process.)

Full legal name (as it appears on your passport) \_\_\_\_\_

Birthdate \_\_\_\_\_ Current employer \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Best phone # \_\_\_\_\_ Email address \_\_\_\_\_

Current medical insurance provider \_\_\_\_\_ Covered internationally? Yes \_\_\_\_\_ No \_\_\_\_\_

Group # \_\_\_\_\_ ID # \_\_\_\_\_

Name of primary physician \_\_\_\_\_ Phone # \_\_\_\_\_

Blood type \_\_\_\_\_

List any medical conditions \_\_\_\_\_

List any physical limitations \_\_\_\_\_

List any medications (OTC and prescription) that you will take on the trip \_\_\_\_\_

List any allergies (environmental, food, medication) \_\_\_\_\_

List any surgical procedures you will have had 12 months prior to the trip \_\_\_\_\_

Local emergency contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Best phone # \_\_\_\_\_ Email address \_\_\_\_\_

Is this person able to provide medical guidance/make medical decisions for you, should you not be able to make them for yourself? Yes \_\_\_\_\_ No \_\_\_\_\_

In the event of a medical emergency, I give my permission to my team leader(s), Global Outreach and/or partner staff to access the information in this form and/or to seek medical treatment on my behalf (should they deem it necessary), to a licensed physician to hospitalize or anesthetize me, and/or perform surgery on me. I understand that every effort will be made to inform my emergency contact (above) prior to any action being taken.

Signature \_\_\_\_\_ Date \_\_\_\_\_

