

“Now is the Time”

Guatemala Mission 2018

Led by Shawn Smith, coordinated through Santa Clara Christian School

Physician’s Statement and Health History

Patient’s Name _____ **Birth Date** ____/____/____
Last First Middle Initial mo. day yr.

Sex: Male Female (please circle) **Height** _____ **Weight** _____

Note to Physician: “Now is the Time” Guatemala Mission 2018 activities include:

- Air travel up to 1 day in length, vehicular travel up to 2 hrs, walking on cobblestone for 1 mile.
- Manual labor work projects on the average of six hours per day over a one to two week period; labor may include lifting, shoveling, carrying large bags of donations, carrying cinder blocks, mixing cement, etc.
- Less than adequate rest at times.
- Exposure to different foods, often unusual in comparison to one’s normal diet
- Stress from communal living and from witnessing trauma associated with children in extreme poverty.
- Traveling and living in developing nations.

The above individual has been examined by me and I find him/her: (please check)

- ____ Qualified for the Guatemala Mission 2018 with NO restrictions.
- ____ Qualified for activities BUT has a minor condition(s) that will not interfere with participation.
Explain, if necessary. _____
- ____ Qualified for the Guatemala Mission 2018 WITH the following recommended restrictions: _____
- ____ This individual is, in my estimation, NOT qualified for a Guatemala Mission 2018 per the activities as suggested.
Reasons for this have been fully discussed with the individual concerned.

Physicians Signature _____ **Phone** (____) _____

Name (please print) _____ **Date** ____/____/____

Please check any applicable items and explain in section below:			
HEALTH ISSUES	IMMUNIZATIONS (Please list most recent dates)	MEDICAL CONDITIONS	ALLERGIES
____ Physical	____/____/____ Tetanus*	____ Knee problems	____ Medications
____ Emotional	____/____/____ Polio	____ Back problems	____ Bee stings
	____/____/____ Measles/Mumps/Rubella	____ Asthma	____ Pollen
REQUIRED RESTRICTIONS	____/____/____ Hepatitis A*	____ Attention Deficit Disorder	____ Dander
____ Activities	____/____/____	____ Menstrual Pain	____ Food
____ Diet	____/____/____ Hepatitis B*	____ Acne	____ Other _____
	____/____/____	____ Chemical Imbalance	_____
	____/____/____		_____
	*Strongly Recommended		

Please explain any **HEALTH ISSUES, MEDICAL CONDITIONS, REQUIRED RESTRICTIONS, ALLERGIES** or **MEDICAL CARE** that the Guatemala Mission Trip needs to be aware of: _____

Please list any **SPECIAL MEDICATION**. If so, explain for what reason and how often. Please state need for any staff or counselor supervision or allocation. _____

When completed and signed by both Doctor and Crew Member, Please scan and email .pdf copy to:
Shawn Smith AND Stuart Nice at: guatemala@shawnsmith.com, missions@valleylife.org with all other forms

**“Now is the Time”
Guatemala Mission 2018**

Medical Information and Authorization
Please **Print** and Use **Black Ink Pen**

Name _____ Social Security# _____
Last First Middle Initial

Please put a (C) after a phone number for a cellular phone. Thank you

Father's Name _____ Day Phone (____) _____ Evening Phone (____) _____

Father's Address _____ City _____ ST _____ Zip _____

Mother's Name _____ Day Phone (____) _____ Evening Phone (____) _____

Mother's Address _____ City _____ ST _____ Zip _____

Spouse/Other _____ Day Phone (____) _____ Evening Phone (____) _____

Spouse/Other _____ City _____ ST _____ Zip _____

If unable to reach any of the above, please list two additional contacts

Name _____ Relationship _____ Day Phone Number _____ Evening Phone Number _____

1. _____ (____) _____ (____) _____

2. _____ (____) _____ (____) _____

Medical Clinic and Physician

Name of Clinic _____ Phone (____) _____

Clinic Address _____ City _____ ST _____ Zip _____

Name of Primary Care Doctor(s) _____ Phone (____) _____

Doctor's Address _____ City _____ ST _____ Zip _____

Insurance – WE REQUIRE A .PDF COPY OF A CURRENT INSURANCE CARD/DOCUMENT

Person Responsible for Payment _____ Relationship _____

Name of Employer _____ Phone (____) _____

Employer Address _____ City _____ ST _____ Zip _____

Name of Insurance Company _____ Phone (____) _____

Address _____ City _____ ST _____ Zip _____

Policy Number _____ REMINDER: Please send .pdf copy of the front & back of current insurance card.

I hereby approve registration as myself _____ or

parent or legal guardian of (name) _____

and give permission to take part in “Now is the Time for Missions” Guatemala Mission 2018. I voluntarily waive any action, claim demand, judgment or award against Santa Clara Christian School, Shawn Smith, Damaris Smith, their agents, employees, representatives or assigns, church contacts or crew personnel (jointly the “Released Parties”) for any damage, injury mishap or lost articles, or any and all accidents injuries and illnesses that may arise in connection with, or during the “Now is the Time for Missions” Guatemala Mission 2018 activities. In addition, I realize that if crew leaders have to secure proper medical treatment for the above named person, they have my permission to do so. If I cannot be reached at the above given numbers, I hereby authorize Shawn Smith, Damaris Smith, Santa Clara Christian School, applicable crew leaders and/or authorized staff or counselors to sign for necessary emergency and/or general medical treatment. This includes x-rays, injections and surgery for the above named person during the time they participate in this Guatemala Mission 2018. In a case of an emergency, all attempts will be made to contact the parent, legal guardian or spouse prior to medical treatment. This release shall also waive any claim against the Released Parties arising from such medical treatment, failure to obtain medical treatment, and any and all other treatment decisions made by the Released Parties.

My signature verifies that all information given on this form is correct to the best of my knowledge.

Date _____ 20 _____

BLACK INK signature – Parent, Legal Guardian, Self

When completed and signed by both Doctor and Crew Member, Please scan and email .pdf copy to:
Shawn Smith AND Stuart Nice at: guatemala@shawnsmith.com, missions@valleylife.org with all other forms.