



**United Methodist Volunteers in Mission**  
**California-Nevada Annual Conference**  
 1350 Halyard Drive, West Sacramento, CA 95691

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## MEDICAL and EMERGENCY INFORMATION FORM

(Team Leader to keep and carry original.)

Mission/Project Dates:			Mission Site/Location:		
<b>Name</b>			Birthdate		
Address			Home Phone (    )		
City	State	Zip	Cell Phone (    )		
Email					
Physician's Name			Physician's Phone (    )		
			Physician's Afterhours Phone (    )		
Physicians City/State					
Current Medications of Concern in an Emergency:					
Allergies (e.g. Food, Medications, Bee/Wasp Stings):					
Medical Insurance Co.			Phone (    )		
Group			Policy No.		
Driver's License #/State of Issue/Expiration (US mission/out of state):					
OR - Passport #/Place of Issue/Expiration (Int'l mission):					
<b><i>Please attach a copy of your insurance card (all missions), Driver's License (US mission/out of state), and/or Passport (int'l mission).</i></b>					

I, \_\_\_\_\_, authorize \_\_\_\_\_,  
(UMVIM participant) (another adult on trip)

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of the trip identified above.

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_

(for youth under 18; parent must also sign Parental Consent Form)

### EMERGENCY CONTACT DETAILS

Primary Contact Name		Relationship	
Email Address (Street Address if no email)			
Home phone	Cell Phone	Work phone	
Alternate Contact Name		Relationship	
Home phone	Cell Phone	Work phone	
Alternate Contact Name		Relationship	
Home phone	Cell Phone	Work phone	