

MEDICAL RELEASE FORM
GLOBAL PARTNERS TRIP PARTICIPANT

(For Group Trips Sponsored by Global Partners in Peace and Development)

FULL Name of Participant _____

Street Address _____

City, State & ZIP _____

Date of Birth _____ Phone # _____

Emergency Contact Person _____ Phone # _____

Name of Insurance Company _____ Policy # _____

Beneficiary _____ Passport #: _____ Please

list any known allergies you have, and any medications being taken:

Please list any medical problems, conditions or other pertinent information:

WAIVER OF LIABILITY STATEMENT: I understand Global Partners in Peace and Development (GPPD) will attempt to notify emergency contact in the event emergency medical treatment is required. If the emergency contact cannot be reached in a timely manner, I give GPPD, its staff, and/or associates permission to secure services of a licensed physician to provide necessary care, including anesthesia, for my well-being. I release GPPD, its staff, and/or associates from all legal claims and/or financial responsibility resulting from injury, illness, or death that may be sustained while participating in the activities of GPPD.

Name of Participant _____

Country of Mission Work _____ Dates in Country _____

Signed _____ Date _____

(if trip participant is under 18 years of age)

Parent signature _____ Date _____

VACCINE STATEMENT

- I have read and understand the information provided by GPPD regarding vaccines in the country to which I plan to voluntarily travel.
- I understand if I have a COVID-19 vaccine, this does not exempt me from having to show proof of a negative COVID-19 test given within three days of departure from the US and within three days of departure from the country of which I am voluntarily traveling.
- I have willfully chosen to acquire/not acquire the vaccines recommended by the CDC for my country of travel.

- Check here if you have the COVID-19 vaccine. Please submit documentation.
- Check here if you have the Yellow Fever Vaccine (Required for Uganda). Please submit documentation along with this form

Team Member Name: _____

Country of Mission Work: _____ Date: _____

(if trip participant is under 18 years of age)

Parent signature _____ Date _____