

# Consent for Medical Care and Conduct Agreement

*Copy #1: sent to ARM's offices at least 2 weeks prior to arrival. Copy #2: held by your team leader in case of emergency.*

Please print (in ink):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Spouse's/Parent's Name: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Telephone #: \_\_\_\_\_

Emergency Contact if spouse/parent cannot be reached: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## Medical Information:

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Please list any allergies, medical problems or restricted activity, which the staff should be aware of and suggestions for action to be taken if these problems arise (use reverse of page if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

Date of last tetanus shot\*: \_\_\_\_\_ \* \*Tetanus shots are required every ten years.

I am participating in a ministry trip in partnership with Arizona Reservation Ministries. I release ARM, their staff, volunteers and leaders from any responsibility and/or liability from any and every claim arising, or which may be asserted by me, or by any member of my family, as I participate in any activities associated with this trip. In the event I am incapacitated, I authorize the person presenting this form to call a physician and to consent to any x- ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, which is deemed necessary. It is understood that I will assume all financial responsibility for all expenses incurred for said medical treatment. I also understand that if I am not able to participate with the group in a Christ-like manner, I may be dismissed from the trip. I agree to assume full financial responsibility for my return trip home. I also give permission to use any photographs or videos of me in promotional materials of ARM. My consent and signature is given below. I have read and agree to the information given in this entire form.

\_\_\_\_\_  
Signature of adult participant or parent/guardian of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of minor participant

\_\_\_\_\_  
Date