



SVRI Forum 2017 MEDICAL FORM

MEDICAL HISTORY, TREATMENT PERMISSION AND RELEASE

PARTICIPANT INFORMATION:

First name: _____

Middle name: _____

Last name: _____

Passport number: _____

Age: _____

Date of birth: _____

Home address: _____

City: _____

Country: _____

Contact telephone number: _____

Email address: _____

EMERGENCY CONTACT INFORMATION (KINDLY PROVIDE DETAILS OF 2 PEOPLE):

Person 1

Name and Surname: _____

Relationship to participant: _____

Home phone number: _____

Work phone number: _____

Mobile number: _____



Person 2

Name and Surname: _____

Relationship to participant: _____

Home phone number: _____

Work phone number: _____

Mobile number: _____

HEALTH PRACTITIONER/INSURANCE INFORMATION:

Physician name: _____

Physician number: _____

Medical insurance company (if any): _____

Medical insurance number (if any): _____

Blood type: _____

MEDICAL HISTORY:

Date of last Tetanus booster: _____

Date of last Yellow Fever booster: _____

Please identify any medical condition that would require special attention?

Are you under the care of a provider for a medical and/or psychological problem that facilitating adults should be aware of?

NO / YES



If yes, please explain:

Kindly provide us with necessary information on previous surgeries and hospitalizations

Are you taking medication prescribed by a health care provider?

NO / YES

If yes, please explain:

ALLERGIES:

Please provide a list of allergies and medical treatment necessary.

Medications NO / YES

Food NO / YES

Bites/stings NO / YES

Other NO / YES

RELEASE OF LIABILITY:



I hereby release and discharge, indemnify and hold harmless the SVRI, SVRI Forum, and their members, employees, coordinating group members, partners and any other persons or entities acting on the behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, cost and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any property loss and/or bodily injury and/or disability, arising from participation in the Forum and its activities, including overnight stays.

CONSENT FOR TREATMENT:

I hereby give my permission to facilitating adults to supervise on-site first aid for minor injuries. In the event of serious injury or illness requiring medical diagnosis or treatment, I hereby give my consent for facilitating adults to secure the proper medical care; including transportation and hospitalization, if necessary. Every attempt will be made to contact the emergency contacts at home to inform them of the need for any medical attention beyond minor first aid, if necessary.



ASSUMPTION OF FINANCIAL RESPONSIBILITY:

I hereby acknowledge that I am responsible for medical charges incurred during the SVRI Forum participation. I further acknowledge that I am responsible for taking out travel insurance which includes medical care for the duration of my trip.

I HAVE READ AND UNDERSTOOD THE TERMS ABOVE:

PRINT: _____

NAME: _____

DATE: _____

SIGNATURE: _____