



INDIVIDUAL SERVICE TRIP RELEASE

MEDICAL INSURANCE COVERAGE

Insurance Company Name: _____

Policy Number _____ Phone Number _____

Does your Insurance Plan cover you for injuries out of the U.S.? _____

Give Clean Water purchases overseas health insurance coverage for the team while in country, this insurance product has an accidental death policy included. Please provide the name of the beneficiary you would like named: _____

EMERGENCY CONTACT INFORMATION

1ST Person to Contact:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

2ND Person to Contact:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

MEDICAL NEEDS

List any Allergies (Food or Drug) and describe their reaction.

List Prescription Medications you are taking - including doses.

MEDICAL NEEDS (CONT.)

Conditions - Is there any reason you could not tolerate any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Low Temperatures | <input type="checkbox"/> High Humidity |
| <input type="checkbox"/> High Temperatures | <input type="checkbox"/> High Altitudes |
| <input type="checkbox"/> Rigorous Outdoor Activity | <input type="checkbox"/> Other_____ |

Please indicate if you have had any of the following medical conditions:

- | | | | |
|---------------------------------------|---|------------------------------------|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Excessive Fatigue | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Psychiatric History |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Nervous Breakdown | <input type="checkbox"/> Aids/HIV | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Incapacitating Headaches | <input type="checkbox"/> Cancer | <input type="checkbox"/> Stomach Ulcers |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> STD's | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Depression | <input type="checkbox"/> TB | <input type="checkbox"/> Other_____ |

LIABILITY RELEASE

I recognize that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor and/or administrator, releasing and forever discharging and all its officers, agents, servants, and employees, acting officially or otherwise, from any and all reason of injury, damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others while with Give Clean Water, Inc. and/or on this service trip.

Signature _____ Date _____

CONSENT FOR FIRST AID & DOCTOR'S CARE

The undersigned further consents to the administration of first-aid and /or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said organization, its directors, employees and agents from any acts of malfeasance, and /or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Signature _____ Date _____