



Connecting God's Family by Knowing, Loving and Serving
so that the world might experience Christ's Love!

Emergency Contact Information

Missioner's name on passport _____ Passport #: _____
Address _____ Date of birth _____
Home phone _____ Cell _____ Work phone _____

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:

Name _____ Relationship _____
Address _____
City / State / Zip _____
Home phone _____ Cell _____ Work phone _____

IF UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING:

Name _____ Relationship _____
Address _____
City / State / Zip _____
Home phone _____ Cell _____ Work phone _____

OTHER INFORMATION YOU WISH TO ADD IF AN EMERGENCY ARISES:

A copy of this form will be left with the local church in the event of an emergency.



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International Travel - Medical & Liability Release Form

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 below.

UMVIM Project: _____ Dates _____

Home Physician: _____ Phone () _____

Medical Insurance Provider: _____ Phone () _____

Policy Number: _____ Group Number: _____

Allergies: _____

Medications: _____

Person In USA to contact in the event of an Emergency:

Name _____ Relationship _____

Address _____ Phone () _____

Blood Type _____ Do you have? Diabetes ___Yes___No Seizures ___Yes___No

Physical Limitation(s) _____

Other Medical Information: _____

Liability Release

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of the United Methodist Church, The UMVIM Boards of the NCJ, SCJ, SEJ and WJ Jurisdictions of the United Methodist Church, the Central Texas Annual Conference, and any related agency, conference, district, local church, member, employee or agent, from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in the above named UMVIM Project. The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, the following: Dangers resulting from disease; from civil warfare or insurrection of the kind that we have seen in recent years in Somalia, Bosnia, Liberia; from post-warfare hazards such as landmines; from geographic features such as high altitude, which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced. This release covers all rights and actions of every kind, nature and description, which the undersigned ever had, now has or but for this release, may have. This release binds the undersigned and his/her heirs, representatives and assignees.

Participant's Signature: _____ Date: _____

Notarization of Liability, Medical, and Information Release Form

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____ Parish or County _____

State of _____ My Commission Expires _____



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International Travel - Medical Information: Physician's Form

Vaccine	Schedule
Diphtheria/Tetanus (DT)1	Every 10 years
Pertussis	Infancy only
Polio	Single Booster, OPV
MMR	1 month before travel if non-immune

Vaccine	Schedule
Hepatitis B	3 doses, 6, 5, 1 month before travel
Hepatitis A(2)	2wks before travel, booster @ 6-18months
Typhoid, oral (3)	1 capsule every other day X 4 doses
Typhoid, polysaccharide	1 dose IM, repeat q. 2yrs
Meningococcal polyvalent	SQ single dose
Yellow Fever (4)	SQ single dose, booster q 10 yrs

I, _____, plan to participate in a United Methodist Volunteers In Mission project in (location)_____.

I will be doing manual labor outdoors in a climate that is: _____hot and humid _____cold and damp

Health care facilities may be inadequate or nonexistent. The following immunizations and prophylactic medications are suggested: RECOMMENDED IMMUNIZATIONS, ROUTINE RECOMMENDED IMMUNIZATIONS FOR TRAVEL PARTICULARLY BY HEALTH CARE TEAMS TO COUNTRIES WHERE EXPOSURE RISK IS INCREASED OR DISEASE IS ENDEMIC

1. Always include Diphtheria with the Tetanus booster (DT)
2. The new Hepatitis A vaccine is 95% effective, no side effects
3. Oral typhoid vaccine is neutralized by mefloquine (Lariam)
4. In some countries, up-to-date vaccination for yellow fever is required (see CDC website)

The local health department or the CDC website <<http://www.cdc.gov/travel>> can provide up-to-date country specific information on immunizations for travelers.

Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.

For Use by Physician:

Signed _____ Date _____

Physical examination performed: _____Yes _____No

Print Name _____

Address _____

City / State / Zip _____

Phone: _____ Fax: _____



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International Travel - Notification of Death

Name _____ Passport No. _____

In the event of my death, should my death occur outside the United States, a family member, or a bishop of The United Methodist Church, or a representative of the US State Department/US Embassy is to be instructed by the following:

1. Immediately contact the following:

A. A consular duty officer at the US Embassy in the country where the death occurred.

Phone _____ Fax _____ E-Mail _____

B. United Methodist bishop's office

Phone _____ Fax _____ E-Mail _____

C. My family or another person

Phone _____ Fax _____ E-Mail _____

2. My wishes are as follows:

My body is to be cremated, if possible, prior to being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with the United States Embassy of the nation where the death occurred. My remains are then to be shipped to: _____

If cremation is not possible, then my body is to be shipped home, in keeping with the requirements of the host nation, to (funeral home): _____

I do not wish to have my body cremated. My body is to be shipped to the US, in keeping with the requirements of the nation where the death occurred, to (funeral home): _____

All my valuables, money, and personal possessions are to be kept in the control of the representative of the United States Embassy and shipped to: _____

In the event of death, all of the above instructions are to be followed in consultation with the above-named family member if that family member's physical condition and location make such consultation possible. Further, all valuables, money, and personal possessions are to be placed in the possession and control of the above-named family member.

Signature _____ Date _____
(If under 18, must be signed by parent or guardian)

Notarization of Notification of Death Form

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), before me personally appeared _____ known to me to be the same person subscribed above and acknowledged to me that he/she executed the same for the person therein expressed.

Notary Public _____ Parish or County _____

State of _____ My Commission Expires _____