

THE CORNERSTONE FOUNDATION

"...the stone which the builders rejected has become the cornerstone;" Mt. 21:42

18384 West Lake Drive - Saucier, MS 39574

Ph. (toll free) 877 277 8663 Ph./FAX 228-328-1579

web site: crstone.org -- e-mail: katcornerstone@hotmail.com

MEDICAL RELEASE FORM

Your Name (please print) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email address _____

Name of Emergency Contact(s) _____ Phone No. _____

Relationship (e.g. husband/wife; parent; child; friend) _____

Participant's Physician in USA _____ Phone (_____) _____

You will be serving in Honduras:

Departure Date from USA _____ Return Date to USA _____

Location: ___ Hospital Loma de Luz ___ Other? (specify) _____

I, (participant) _____ authorize (another adult on trip if traveling in a group **and** your missionary sponsor) _____ **and** _____, if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or 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 or country in which they practice, during the duration of the trip identified above.

*Medical Insurance Provider _____ Phone (_____) _____

Policy Number _____

Medical History:

List all of your current medical conditions: _____

Current medications: _____

Allergies: _____

Past Medical History. Do you have any medical conditions that might affect your ability to function in a hot, humid, and environmentally hostile environment? _____

Honduras is located in the tropics, and the medical facilities (including Hospital Loma de Luz) are less extensive and less well-equipped than hospitals in the USA. The heat can reach 100 degrees, and the humidity 100%. A certain amount of walking will be necessary. Please answer the following questions about your physical stamina:

How far are you able to walk on level ground without experiencing joint pains, shortness of breath, chest discomfort, fatigue, difficulty breathing, or other limiting symptoms?

___ None ___ 25 Feet ___ 50 Feet ___ 100 Feet ___ 200 Feet ___ 300 Feet ___ More

How far are you able to walk uphill on a 20% grade (a mild slope) without experiencing joint pains, shortness of breath, chest discomfort, fatigue, difficulty breathing, or other limiting symptoms?

___ None ___ 25 Feet ___ 50 Feet ___ 100 Feet ___ 200 Feet ___ 300 Feet ___ More

Are you able to tolerate extreme heat/humidity WITHOUT AIR CONDITIONING OR FANS?

___ Yes ___ No

Do you need electricity to operate any device essential to your health (for example, a nebulizer, a CPAP machine, etc.)?

___ Yes ___ No

Is your life/health dependent upon a device that might need adjustment while you are here (for example, a pacemaker, an automatic defibrillator, an insulin pump, etc.)?

___ Yes ___ No

It is your responsibility to inform your group leader about all of the medical issues/conditions noted above.

***Medical Insurance** that would cover an emergency or injury in Honduras is **required**. If you do not currently carry such coverage it can be obtained on a short term basis through I.M.G.'s Group Outreach Travel Plan. An I.M.G. Group Outreach Travel enrollment form can be obtained at www.gomissiontrip.com or by contacting the Cornerstone office.

_____ I have my own insurance (**a copy of my insurance card is attached**) and/or

_____ I have purchased coverage through I.M.G.

Signature _____ **Date** _____

Signature of Parent (for youth under 18) _____ **Date** _____

Mission group name (if appropriate/coming with a group) _____

Group Leader _____