

CURE International Medical Information/Release
Medical Release (complete and return to the Global Outreach Coordinator)

Name: _____ Date: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Insurance Information

Company: _____ Policy Type: _____ Policy Number: _____

Medical Information

Are you taking any medication(s)? _____ Please list: _____

Do you have any medical conditions that CURE should be aware of? _____
If so, please describe: _____

Date of last tetanus shot: _____
(Please attach immunization record.)

List any physical disabilities or limitations: _____

List any known allergies and reactions: _____

For Completion by Physician if you are under care for any condition:

I have examined _____ and find him/her to be in good general health and physically able to take part in the volunteer program with CURE International on (date) _____.

Doctor's signature: _____

Release

(To be signed in the presence of two witnesses)

In case of unconsciousness, or inability to release myself for medical treatment resulting from illness, injury, or an accident on CURE International (hereinafter CURE) property or while volunteering with CURE, which requires medical attention, I, _____, give my permission to CURE International, its representatives and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to receive medical treatment, to hospitalize, anesthetize, or perform surgery on me as is required. I, _____, the undersigned, do release, acquit, discharge and covenant to hold harmless CURE International and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during my involvement with CURE. It is the intention of this release that the above CURE International and its representatives incur no liability whatsoever while attempting to meet all medical needs that I may require for the duration of my volunteer period.

Employee/Volunteer Signature: _____ Date: _____

Witness _____ Date: _____

Witness _____ Date: _____