



# AMG Mission Adventures Medical Release Form

This form must be signed and notarized. **Please attach a copy of your insurance card (front and back).**

Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender (M/F): \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: ME Zip: \_\_\_\_\_

### **In case of emergency contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

### **Please supply ALL of the following information. (attach insurance card copy front and back)**

Medical Insurance Co.: \_\_\_\_\_ Group# \_\_\_\_\_

Policy#: \_\_\_\_\_ Company's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Company's Phone: (833) \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Immunizations:** (Immunizations need to be up-to-date and appropriate to the area we are visiting. Please check with your physician and/or [www.cdc.gov](http://www.cdc.gov) to ensure you are current. It is solely the traveler's responsibility to obtain information on required/recommended travel immunizations and travel precautions for the area.)

Type	Year	Allergies
Y / N Mumps/Measles/Rubella	_____	_____
Y / N Diphtheria/Pertussis/Tetanus	_____	_____
Y / N Polio	_____	_____
Y / N Tetanus	_____	_____
Y / N Hep. A	_____	_____
Y / N Hep. B	_____	_____
Y / N Typhoid	_____	_____
Y / N Rabies	_____	_____
Y / N Yellow Fever	_____	_____
Y / N Other _____	_____	_____

**Have you ever been treated by a doctor for any of the following:** (Every item must be checked)

- Y / N Asthma or chronic wheezing
- Y / N Emphysema or other lung and/or respiratory problems
- Y / N Chronic persistent cough or shortness of breath
- Y / N Tuberculosis
- Y / N Any skin disorder or disease other than acne
- Y / N Chronic/recurrent ear or eye problems
- Y / N Impairment of hearing or vision: Meniere's Disease, cataracts, or glaucoma
- Y / N Persistent, recurring indigestion, stomach, or duodenal ulcers
- Y / N Gall bladder stones or colic
- Y / N Jaundice, cirrhosis, or other liver problems
- Y / N Intestinal / bowel problems, colitis, diverticulitis, hemorrhoids, other rectal problems or bleeding
- Y / N Any test results indicating exposure to the AIDS virus
- Y / N Albumin, blood, or pus in the urine, painful or frequent urination, or kidney problems
- Y / N Diabetes or hypoglycemia (low blood sugar)
- Y / N Serious bodily injury
- Y / N Mental health counseling or psychiatric treatment
- Y / N Rheumatism, gout, arthritis, or other forms of swollen, painful joints
- Y / N Chronic back pain, back injury or surgery, sciatica, scoliosis, or other bone or joint disorder
- Y / N Cysts, tumors, or growths of any kind, hernia, or rupture
- Y / N Cancer
- Y / N Fainting spells, dizziness, convulsions, epilepsy, or seizure disorder
- Y / N High blood pressure, heart murmurs, or other cardiac problems
- Y / N Vein or circulatory trouble
- Y / N Severe migraine headaches
- Y / N Goiter, thyroid ailment, high or low metabolism
- Y / N Anemia or other blood disorder
- Y / N Abnormality of reproductive systems, breast or menstrual disorders, or venereal disease
- Y / N Parkinson's Disease
- Y / N Severe knee injury or problems
- Y / N Severe allergic reactions to either food, medicines, bee stings, or any other insect bite or sting
- Y / N Any other diseases, deformity, or disability not listed above

If you answered "yes" to any of the above questions, please explain and attach a *statement from your doctor clearing you for travel.*

**CURRENT MEDICATIONS:**

Are you currently taking any prescribed medication? \_\_\_Yes \_\_\_No

If yes, please specify the medication and the dosage. \_\_\_\_\_

\_\_\_\_\_

Are you currently using any non-prescription drugs on a regular basis

(i.e. antihistamines, sleeping aids, etc.)? \_\_\_Yes \_\_\_No If yes, please specify \_\_\_\_\_

\_\_\_\_\_

**MEDICAL TREATMENT HISTORY:**

Have you ever received treatment or counseling for alcohol or chemical abuse?

\_\_\_Yes \_\_\_No If yes, please specify when and where. \_\_\_\_\_

Are you presently under a physician’s care for any illness? \_\_\_Yes \_\_\_No If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

What was the date and who was the attending physician of your last physical exam?

\_\_\_\_\_

List all surgical operations or hospitalizations you have undergone with dates.

\_\_\_\_\_

\_\_\_\_\_

If you have been hospitalized more than two times for a single condition, please give an explanation.

\_\_\_\_\_

\_\_\_\_\_

Please provide any details pertaining to your health not covered by the above questions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALLERGIES AND DIETARY RESTRICTIONS:**

What, if anything, are you allergic to and what is your reaction to the allergen?

ALLERGY:

REACTION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DIABETICS: At times there will be limited access to supplies for specialized diets. Sometimes the diet will be unpredictable. Please plan accordingly.

**Emergency Authorization** - I hereby give permission to the medical personnel selected by AMG International, their designee or the participant's team leader(s) to order X-rays, routine tests, and treatment for myself or my child. In the event of an emergency and neither the secondary contact or myself can be reached, I hereby give permission to the physician selected by AMG International, their designee or the participant's team leader(s) to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for myself or my child as named above. The Health History is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company.

Signature of Adult Participant\* \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian\* \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian\* \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT AGREEMENT**

I, \_\_\_\_\_, understand and agree to abide with the restrictions placed on my activities by my parent/guardian and adhere to all team policies and rules while traveling with AMG International.

Signature of Child/Youth Participant \_\_\_\_\_ Date: \_\_\_\_\_

\*Participants 18 years old and younger must have all parents/guardians signatures

**Notary Information**

The following to be completed by the notary witnessing parent/guardian and/or participant's signature:  
The State of \_\_\_\_\_ the County of \_\_\_\_\_ Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ known to me (or proved to me on the oath of \_\_\_\_\_) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

Notary Public, Signature \_\_\_\_\_

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

**AMG International Mission Adventures**  
**ADULT/VOLUNTEER WAIVER AND CONSENT**  
*Please complete the form only if you are 18 years of age or OVER.*

**NOTE:** THIS FORM MUST BE NOTARIZED (See Signature Page on Back)

I, \_\_\_\_\_, have freely requested to participate on a  
Participant's name  
National or International Project in GUATEMALA  
name of country (ies)

**LIABILITY RELEASE**

AMG International sends many volunteers on national and international short-term projects. While these projects are rewarding to many who participate, mission trips, by their nature, often involve travel to remote parts of the world where there are risks to the volunteers. Those risks include travel difficulties, illness, injury and even death. In some locations, the political situation can change, possibly increasing security risks. The potential for injury or health-related problems may be increased in some countries due to local conditions. Moreover, the lack of technology can cause temporary delays in communications and transportation.

**BY THEIR SIGNATURE BELOW, THE UNDERSIGNED ACKNOWLEDGE THAT THEY HAVE BEEN ADEQUATELY INFORMED, EITHER VERBALLY OR IN WRITING, OF THE POTENTIAL RISKS AND DANGERS RELATED TO PARTICIPATION IN THE SHORT-TERM PROJECT, (WHICH MAY INCLUDE TRAINING EVENTS OR EXERCISES), BY THE PERSON NAMED BELOW. FURTHER, THE UNDERSIGNED FREELY PARTICIPATES IN THE SHORT-TERM PROJECT, NOTWITHSTANDING THE POTENTIAL RISKS AND DANGERS RELATED THERETO.**

**FURTHER, THE UNDERSIGNED HEREBY RELEASES AMG INTERNATIONAL, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, SUCCESSORS AND AFFILIATES FROM ANY LIABILITY FOR DAMAGES TO THE PROPERTY OR THE PERSON OF THE PERSON NAMED HEREIN, INCLUDING ILLNESS, INURY, OR DEATH-EXCEPT WHERE SUCH LIABILITY ARISES FROM GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT-WHETHER SUCH DAMAGE ARISES OUT OF, EN ROUTE TO, EN ROUTE FROM, WHILE IN RESIDENCE, OR AS A RESULT OF, ANY INVOLVEMENT OR PARTICIPATION BY SAID ADULT (INCLUDING TRAINING) IN THE SHORT-TERM NATIONAL OR INTERNATIONAL PROJECTS OF AMG INTERNATIONAL OR ITS AFFILIATES. MOREOVER, THE UNDERSIGNED AGREES TO INDEMNIFY AMG INTERNATIONAL, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, SUCCESSORS AND AFFILIATES FROM ANY SUCH CLAIMS FOR DAMAGE TO PERSON OR PROPERTY, AND FURTHER AGREES TO HOLD THE SAME HARMLESS FROM ALL SUCH CLAIMS.**

(SEE SIGNATURE PAGE ON BACK)

**ADULT/VOLUNTEER WAIVER AND CONSENT**

SIGNATURE PAGE

**Note:** The signatures on this page must be NOTARIZED.

This authorization and consent will remain effective unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Date: JUNE 22-30, 2024 Mission Adventure Field: GUATEMALA

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
*street city state zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Signature:** \_\_\_\_\_

----- NOTARIZATION -----

State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
date month year

by \_\_\_\_\_,  
names of participant

Who is/are personally known to me or who provided the following identification:

\_\_\_\_\_

\_\_\_\_\_, Notary Public (seal)

Mail completed, notarized for to: **AMG Mission Adventures**  
**6815 Shallowford Road**  
**Chattanooga, TN 37421**

# **PARENTAL CONSENT FORMS**

## **FOR MINOR CHILDREN TRAVELING WITHOUT BOTH BIRTH PARENTS**

In Addition To The Child's Citizenship Documentation, A Minor Child Under The Age Of 18 Must Have A Legal Guardian, Or Parental Consent Form From Their Birth Parents To Exit The United States And Enter Most Foreign Countries. Parents Should Complete One Of The Forms Listed Below For Each Minor Child Under The Age Of 18 (At The Time Travel Starts) To Prevent Immigration Problems When Entering Or Leaving The Country.

**When The Form Is Completed, ONLY SIGN It In The Presence Of A Notary Public!**

**FORM #1 - Both Birth Parents Are Alive** - If both birth parents are alive, and one or both of them will NOT be traveling with minor children, the non-traveling parent(s) must complete the form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country or to allow the minor child to travel on their own with no guardian.

**FORM #2 - One Birth Parent Is Deceased** - If one birth parent is deceased, and the surviving birth parent WILL be traveling with the minor child(ren) they need only to have in their possession a certified copy of the death certificate of the deceased birth parent and the child's citizenship documentation. However, if the surviving birth parent WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of the death certificate for the other non-living birth parent.

**FORM #3 - Guardian For Minor Child** - If both birth parent is deceased, or you have legal guardianship of minor child(ren) and WILL be traveling with the minor child(ren) you need only have in your possession a certified copy of your guardianship papers and the child's citizenship documentation. However, if the guardian WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of their guardianship papers to it.

### **Fill In the Forms Using the Codes Below**

- a) The full name (*first, middle & last*) of the non-traveling parent(s) or legal guardian.
- b) The relationship of the non-traveling parent(s) to this minor child.
- c) The full name (*first, middle & last as shown on their citizenship documentation*) of the person you authorize to travel with this child.
- d) The relationship of this person to the minor child. (*Father, Mother, Uncle, Friend, Teacher, etc.*)
- e) The full name (*first, middle & last as shown on their citizenship documentation*) of the child.
- f) The child's age at the time travel begins.
- g) If the form requires, place the word "Me," "We," or "Us" in this space.
- h) Name only the countries listed on the child's itinerary they will be traveling to. (Bahamas, Mexico, etc.)
- i) The date travel is to start.
- j) The date child will be returning to the United States.
- k) Answer the Insurance, medical treatment and emergency notification section.

**AFFIDAVIT OF PARENTAL CONSENT**  
**For Travel Outside The United States Of A Minor Child**  
**Without Both Birth Parents Traveling**

**FORM # 1 - BOTH BIRTH PARENTS ARE ALIVE • PLEASE TYPE OR PRINT CLEARLY!**

I, \_\_\_\_\_ [a]

\_\_\_\_\_ [b] Of Said Minor Child, Do Hereby Authorize

\_\_\_\_\_ [c]

\_\_\_\_\_ [d] Of Said Minor Child To Travel As A Guardian Of

\_\_\_\_\_ [e], Age: \_\_\_\_\_ [f]

To The Following Countries Without \_\_\_\_\_: [g]

**GUATEMALA** \_\_\_\_\_ [h]

\_\_\_\_\_ [h]

From: Day: 16 / Month: 4 / Year: 2023 [i]

To: Day: 23 / Month: 4 / Year: 2023 [j]

[k] I/We [ ] HAVE; [ ] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [ ] AUTHORIZE; [ ] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Name & Phone: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

**(Signature Of Non-Traveling Birth Parent(s) • To Be Signed In Front Of A Notary Public Only)**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

Signature Of Notary Public: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_, And the State Of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

*Affix Notary Seal At The Right Side Of Page*



**AMG International Mission Adventures**  
**AUTHORIZATION WAIVER AND CONSENT FOR MINOR**

*Please complete the form only if you are UNDER 18 years of age.*

**NOTE: THE SIGNATURES OF MINORS AND ALL LEGAL GUARDIANS MUST BE NOTARIZED ON THIS FORM. (See Signature Page on Back)**

The undersigned do hereby grant permission to \_\_\_\_\_  
name of minor

Who was born on \_\_\_\_\_ to travel and to make a tourist visit to  
date of birth

\_\_\_\_\_ GUATEMALA \_\_\_\_\_  
name of country (ies)

**LIABILITY RELEASE**

AMG International sends many volunteers on national and international short-term projects. While these projects are rewarding to many who participate, mission trips, by their nature, often involve travel to remote parts of the world where there are risks to the volunteers. Those risks include travel difficulties, illness, injury and even death. In some locations, the political situation can change, possibly increasing security risks. The potential for injury or health-related problems may be increased in some countries due to local conditions. Moreover, the lack of technology can cause temporary delays in communications and transportation.

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**FURTHER, THE UNDERSIGNED HEREBY RELEASES AMG INTERNATIONAL, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, SUCCESSORS AND AFFILIATES FROM ANY LIABILITY FOR DAMAGES TO THE PROPERTY OR THE PERSON OF THE MINOR NAMED HEREIN, INCLUDING ILLNESS, INURY, OR DEATH-EXCEPT WHERE SUCH LIABILITY ARISES FROM GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT-WHETHER SUCH DAMAGE ARISES OUT OF, EN ROUTE TO, EN ROUTE FROM, WHILE IN RESIDENCE, OR AS A RESULT OF, ANY INVOLVEMENT OR PARTICIPATION BY SAID MINOR (INCLUDING TRAINING) IN THE SHORT-TERM NATIONAL OR INTERNATIONAL PROJECTS OF AMG INTERNATIONAL OR ITS AFFILIATES. MOREOVER, THE UNDERSIGNED AGREES TO INDEMNIFY AMG INTERNATIONAL, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, SUCCESSORS AND AFFILIATES FROM ANY SUCH CLAIMS FOR DAMAGE TO PERSON OR PROPERTY, AND FURTHER AGREES TO HOLD THE SAME HARMLESS FROM ALL SUCH CLAIMS.**

(SEE SIGNATURE PAGE ON BACK)

**AUTHORIZATION WAIVER AND CONSENT FOR MINOR**

**SIGNATURE PAGE**

**Note:** The signatures on this page must be NOTARIZED.

This authorization and consent will remain effective unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Date: 4/16/23-4/23/23 Mission Adventure Field: GUATEMALA

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Signature** of Father or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
*street city state zip*

Home Phone: (\_\_\_\_)\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_

**Signature** of Mother or Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_

**Note:** If the minor has only one parent or guardian, an affidavit verifying this fact must be attached.

**Signature** of Minor: \_\_\_\_\_

----- NOTARIZATION -----

State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_,  
date month year

by \_\_\_\_\_,  
names of parents/guardians

Who is/are personally known to me or who provided the following identification:

\_\_\_\_\_

\_\_\_\_\_, Notary Public (seal)

Mail completed, notarized for to: **AMG Mission Adventures, 6815 Shallowford Rd, Chattanooga, TN 37421**

NOTE: We will submit as a group in March 2023

**Please either scan and attach a photo of each traveler's passport and  
Medical Insurance card front and back or snap a picture and email  
to [Scott@lovewestbrook.org](mailto:Scott@lovewestbrook.org)**

**Airline Ticket Information**

NAME AS IT APPEARS ON PASSPORT:

DATE OF BIRTH:

ADDRESS:

KTN# if applicable: