



Bringing hope to orphans of Kenya

Emergency Contact Information/Medical History/Consent to Treat Form

Volunteer's Name _____ Date of Birth _____

Volunteer's Home Address: _____

Volunteer's Home Phone Number _____ Cell Phone _____

Volunteer's US Emergency Contact Information:

In emergency, please contact: _____

Relationship: _____

Phone: _____

Alternative Phone _____

Alternate Contact _____

Relationship _____

Phone _____

Alternative Phone _____

Personal Physician _____

Phone/Fax _____

Medical Insurance:

Carrier: _____

ID# _____



Bringing hope to orphans of Kenya

Medical History

Please circle "YES" or "NO" and provide additional details where requested.

1. Are you allergic to any medications (aspirin, penicillin, etc)

NO YES (list) _____

2. Do you take any prescribes medication on a permanent or semi-permanent basis?

NO YES (list) _____

3. Please circle any that apply to your health in the last two years:

Epileptic Seizures Diabetes 1 or 2 Anemia Sickle Cell Anemia Heart Disease

Lung Disease Kidney Disease Liver Disease Asthma Allergies

Hernia Arthritis Cancer _____ Gastro-intestinal problems Back Pain

High Blood Pressure HIV/AIDS Hepatitis A/B/C/D/E Whooping Cough

Chicken Pox Flu Date _____

4. Have you had any broken bones in the past two years? NO YES What bone? _____

Approximate date of injury _____

5, Have you had any bodily injuries in the past two years, not resulting in broken bones?

NO YES What _____ Approximate Date _____

6. Do you have any pins, screws, or plates in your body?

NO YES Where in your body _____

7. Do you wear contacts or glasses? NO YES Which: _____

8. Do you wear a hearing device? NO YES Left ear _____ Right ear _____ Both _____

9. Do you have any other conditions that we should be aware of (allergies, pregnancy, etc)

NO YES (specify and give details)

The questions on this form have been answered completely and truthfully to the best of my knowledge.

Volunteer's Signature

Date



Bringing hope to orphans of Kenya

Consent to Treat

I, the undersigned volunteer of Mercy's Hope, if I am unconscious or incapacitated, do consent to emergency medical treatment as recommended by a physician for the duration of my assignment in Kenya. Additionally, I give my permission for Mercy's Hope administrative staff to authorize appropriate emergency medical treatment as recommended by a physician during my assignment in Kenya. The authorization shall continue in force until the conclusion of the assignment on _____

Volunteer Signature

Date



Bringing hope to orphans of Kenya

Vaccinations Record

Vaccine

Date

<http://wwwnc.cdc.gov/travel/destinations/traveler/>