



# Operacion San Andrés

## Medical Information and Consent Form

### Medical Consent for Adults (Age 18+)

In the event of illness, injury, or medical emergency, I \_\_\_\_\_, give my permission for the mission team leader(s), \_\_\_\_\_, or Operación San Andrés to approve necessary diagnostic procedures, treatments, hospitalization, surgery, blood transfusions, injections or anesthesia, as recommended by a medical professional.

This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Consent for Minors (Age 0 - 17)

In the event of illness, injury, or medical emergency, I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, born the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, give permission for the mission team leader(s), \_\_\_\_\_, or Operación San Andrés to approve necessary diagnostic procedures, treatments, hospitalization, surgery, blood transfusions, injections or anesthesia, as recommended by a medical professional for my child, if I am not reasonably available by telephone to give consent.

This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Information (Everyone)

Date of birth: \_\_\_\_\_

Current health problems: \_\_\_\_\_

Medications (Prescription and OTC) – Please attach list or list here: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Blood type: \_\_\_\_\_

Vaccination dates: Tetanus \_\_\_\_\_ Hepatitis A \_\_\_\_\_ Current Flu Vaccine \_\_\_\_\_

Primary care physician and phone number: \_\_\_\_\_

### Emergency Contact Information:

1<sup>st</sup> Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Information provided on this form will be held “strictly confidential” by the mission team leader unless needed by a medical professional in case of emergency.**