



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 my 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 _____ Hepatitis B _____ Flu _____

Primary care physician and phone number: _____

Emergency Contact Information:

1st Contact Name: _____ Relationship: _____

Phone: (H) _____ (W) _____ (Cell) _____

2nd 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.