

MEDICAL RELEASE

MEDICAL LIABILITY AND TREATMENT

I agree to let the Vision Trip leader and/or facilitator make medical decisions on behalf of _____ in the case of an emergency during the trip.

I agree to the performance of required treatment, anesthetics and operations that are deemed necessary for the above-named person in the opinion of the attending physician.

I assume responsibility for all medical bills for the above-named person. Should it be necessary for the above-named person to return home for medical reasons, I will assume total transportation costs, if any.

PRINTED NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF GUARDIANS (if volunteer is less than 18 years of age, all legal guardians must sign and notarize)

DATE

MEDICAL INSURANCE

AGCI highly recommends all participants to be covered by medical insurance. If you are not currently covered by a health care plan, AGCI does purchase emergency travel insurance for your trip. Do know that there are inherent risks to international travel and all medical liabilities will be your responsibility.

MEDICAL INSURANCE COMPANY

POLICY NUMBER