

# **ADULT CONSENT FOR EMERGENCY MEDICAL TREATMENT**

The purpose of this form is to permit the emergency medical treatment of Pathfinder Mission, Waveland, MS, adult volunteers who become ill or injured, in the event that the participant cannot give verbal consent for emergency medical treatment.

NAME \_\_\_\_\_

I, \_\_\_\_\_, agree to participate as a volunteer for Pathfinder Mission. In the event that I become ill or injured while participating and cannot give verbal consent for medical treatment, I consent to the following:

1. All necessary medical treatment may be administered by a licensed physician or dentist either at his/her office or at the nearest hospital.
2. If necessary, I may be transferred to a specialty hospital for further treatment.

I understand that all medical expenses are my responsibility. I hereby release Pathfinder Mission and its employees and volunteers of all liability which may arise from accident or illness while I am participating in an event and all its related activities.

**Additional Information (please print): ITEMS IN BOLD MUST BE COMPLETED**

Family Physician: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

**Medical Insurance Company** \_\_\_\_\_ **Policy #** \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ **Date of Tetanus** \_\_\_\_\_

**Known Allergies** (food, medications, insect bites, etc.) \_\_\_\_\_

**Medications currently being taken** \_\_\_\_\_

**Concerns regarding medical conditions or health issues** \_\_\_\_\_

**Signature of Adult Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

Cell Phone of volunteer \_\_\_\_\_ Work Dates: \_\_\_\_\_  
(Arrival – Departure)

E-mail address \_\_\_\_\_

Skills: \_\_\_\_\_  
(Electrical, Carpentry, Plumbing, Cooking, Roofing, Helper, etc.)

# ADULT WAIVER OF LIABILITY

Disaster Recovery: Pathfinder Mission, Waveland, Mississippi

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\_\_\_\_\_  
**Volunteer's Name (please print legibly)**

\_\_\_\_\_  
**Church or Organization**

Whereas the person listed above is to work on disaster recovery or other things as requested.

Now therefore, Pathfinder Mission, Waveland, MS, the recovery managers; and I, the volunteer; agree as follows:

**FIRST:** Pathfinder Mission and the recovery managers shall exercise every precaution to assure the welfare and safety of the said volunteer and agrees to take no extraordinary action pertaining to his/her welfare without consultation with the volunteer except when emergency conditions indicate that delay or lapse of time would adversely affect the best interest of the volunteer.

**SECOND:** The volunteer themselves represents Pathfinder Mission; and the site managers, that he/she is not now afflicted with any disorder, disease, allergy, or other form of malady that would adversely affect his/her participation in activities of recovery work or the welfare of other recovery workers.

**THIRD:** Pathfinder Mission and the recovery managers do not assume responsibility for any loss of property or damage to the same, or for personal harm or illness that may come to the volunteer while engaged in the activities of the mission trip or while staying at the camp facilities.

**FOURTH:** Furthermore, for myself, my heirs, executors, administrators, distributes, and assigns, I agree not to commence or prosecute, and hold harmless the above Pathfinder Mission; and the recovery managers; and to hold the these stated parties harmless in the event of the commencement of prosecution of, and demand, claim action, suit or proceeding which may be asserted against them with respect to any loss of property, damage to the same, personal harm, or illness that may come to the student or volunteer while engaged in the activities sponsored by the above Pathfinder Mission.

**FIFTH:** I understand that the above Pathfinder Mission does not assume any liability for any loss, damage, personal harm, or illness.

In witness whereof, I have set my hand this day, \_\_\_\_\_, 2010.

Signature of volunteer (over 18) \_\_\_\_\_

Address of volunteer \_\_\_\_\_

City/State/ZIP of volunteer \_\_\_\_\_

Cell Phone of volunteer \_\_\_\_\_ Work Dates: \_\_\_\_\_

(Arrival – Departure)

E-mail address \_\_\_\_\_