MEDICAL

Name: _____ DOB: _____/_____/_____

Do you suffer from any of the following?

	Yes	No	
allergies	( )	( )	If yes, please list _____
asthma	( )	( )	
depression	( )	( )	
diabetes	( )	( )	
epilepsy	( )	( )	
heart disease	( )	( )	
high/low blood pressure	( )	( )	
ulcers	( )	( )	
other	( )	( )	_____

Are you now, or have you been within the past twelve (12) months, under the care of a physician for any physical or psychiatric condition: yes ( ) no ( )

If yes, please state condition and dates: _____

Are you currently taking any prescription medications: yes ( ) no ( )

If yes, please list medication and for what condition: _____

_____

Name of personal physician: _____

Phone number: ( ) _____

Blood type : (if known) _____

Date of last tetanus booster: ____/____/____

EMERGENCY MEDICAL RELEASE

In the event of an accident or serious illness of _____(applicant's name) during his/her stay in Jamaica, ***Outreach Jamaica/Agape Harbor Children's Home*** or its representatives may seek emergency medical or surgical care from any legally qualified, licensed physician. If, after a conscientious effort, the undersigned cannot be reached, ***Outreach Jamaica/Agape Harbor Children's Home*** and its employees or representatives shall be held harmless from any liabilities otherwise resulting from any act of omission made in connection with any such emergency services and care as may in the opinion of ***Outreach Jamaica/Agape Harbor Children's Home*** and its employees or representatives, be considered necessary under the circumstances. The undersigned shall reimburse ***OutreachJamaica/Agape Harbor Children's Home*** or its employees or representatives for any funds disbursed by them for such services and care.

_____ _____
(applicant, or parent or legal guardian if under age 21) *date*

_____ _____
NOTARY PUBLIC *date*

My commission expires on _____, 20_____.

Home phone_____

Two people we should try to contact in case of emergency.

Name:_____ Phone: ( ) _____ Relation:_____

Name:_____ Phone: ( ) _____ Relation:_____