

**Home In A Week: Away Team Info Sheet
February 2027**

Name

Mailing Address

Email

Cell Phone

In Case of Emergency call:

Name

Phone 1

Phone 2

Name

Phone 1

Phone 2

Health Restrictions (diabetic? seizures? limitations? other?)

Allergies?

Which Meds MUST you take daily?

Food Restrictions?

Blood type

Health Insurance Company name

Policy Number

Insured's name

I consider myself healthy enough to fulfill my responsibilities on this mission team

_____ **Yes**

_____ **No**

Last tetanus shot date _____

I _____ (volunteer's signature or parent, if a minor) do hereby authorize Mark or Margot Porterfield (unless a family member is available) to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the period of February 12th -20th 2027. I further authorize the release of medical information from my personal medical records for medical purposes, but I do not give permission for re-disclosure of this information.