

**JD SHETH FOUNDATION**  
**MEDICAL RELEASE FORM**

**Adults (18 years and older):**

In the event of a life-threatening illness, injury, or emergency, I, \_\_\_\_\_, request that \_\_\_\_\_ (name & relationship) be contacted at this number: \_\_\_\_\_ . If they are unable to be contacted, then I give my permission for the JD Sheth Foundation and/or my team lead to make any healthcare related decisions regarding treatment or hospitalization if I appear to be unable to make sound decisions for myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Minors (Age 0-17):**

I, \_\_\_\_\_, hereby authorize the participation of my child, \_\_\_\_\_, in all official activities during the volunteer project located in \_\_\_\_\_ on or about \_\_\_\_\_ 20\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_. In the event of a life-threatening illness, injury, or emergency and I am unable to make decisions for my child, I give permission for the JD Sheth Foundation and/or the designated team lead to make any healthcare related decisions regarding treatment or hospitalization for my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information (Everyone):**

Special medication, medical disorders, and instruction/dosages: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Travel Insurance Company, Policy Number, and Coverage Dates: \_\_\_\_\_

(Please submit a copy of travel insurance documentation to JD Sheth prior to the trip)

**In Case of Emergency (Everyone):**

Contact Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

**This form will be kept by your team lead or JD Sheth representative during the trip in case of an emergency. This form will be destroyed once volunteer activities have been completed.**