

**Medical Profile/Release Form**  
Bob Tebow Evangelistic Association (BTEA)  
Philippines Mission Trip 2012

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Tetanus Immunization \_\_\_\_\_ Have you had your appendix removed?  Yes  No

Do you have any allergies (food or medicine)?  Yes  No

If YES, what? \_\_\_\_\_

Please list all medications that you will be taking while you are in the Philippines:

Medication	Dosage (amt/how often)	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any chronic illnesses (diabetes, celiac, etc.)? If so, is it manageable? Please explain.

\_\_\_\_\_

Are you currently or have you been under a doctor's care in the past year? If so, please list any recent illnesses, surgeries, etc. \_\_\_\_\_

\_\_\_\_\_

Have you ever had problems with the following:  Eating disorders  Fainting spells  Diabetes  
 Seizures/neurological issues  Respiratory Problems  Heart Problems  Physical Challenges

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you require a special diet (vegetarian/gluten-free/other)? \_\_\_\_\_

Do you have any condition that may affect your ability to fully function on this trip (fear of flying, depression, anxiety, sleeping disorders)? \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Info**

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Release for Liability and Hold Harmless Agreement**

I agree that my participation in the foreign or domestic activity in the Philippines with BTEA will be voluntary. I understand that such participation carries risks inherent both to the activities and the location of activities. For myself and all others who would claim under me, I release from all liability and hold harmless the Bob Tebow Evangelistic Association, its trustees, employees, and agents, from any liability for loss, injury, or damage to my person or property which may result from any participation. I authorize any doctor or hospital to treat me for injury or illness while on this trip. I further assume obligation for doctor's bills, telephone calls, or other expenses relating to an emergency incurred during the period of this activity.

Signature of Participant (guardian must sign if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Witness (Must sign at time of participant signature) \_\_\_\_\_ Date \_\_\_\_\_