

Spiritual Directors International Interfaith Pilgrimage to Israel and Palestine
27 October – 5 November, 2010

Health History and Authorization for Emergency Medical Treatment

Name _____ Date of Birth _____

Health Information

Spiritual Directors International will keep this information strictly confidential. It will only be given to medical personnel in the event of an emergency for which you are unable to communicate your own information.

Health Issues (check all that apply)

____ Asthma ____ Diabetes ____ Seizures ____ Kidney Disease ____ Convulsions ____ Heart Disease
____ Other (specify) _____

Allergies: _____

Medications currently taken (include dosage): _____

Physical Limitations: _____

Other Health Conditions or Concerns that should be communicated to medical personnel in the event of an emergency for which you are unable to communicate your own information.

Components of the pilgrimage may be mildly strenuous including walking tours each day. Should you choose, you have the option to not participate.

Health Insurance Information

Provider: _____ Policy Number: _____

Policyholder's Name: _____

Physician's Name: _____ Emergency Contact: _____

Authorization for Emergency Medical Treatment

In case of accident or medical emergency and in the event that I am unable to make decisions for myself, I, _____, authorize Spiritual Directors International, its staff and representatives, to act on my behalf. This consent includes seeking emergency medical transportation and treatment, anesthetic, surgeries, drugs, transfusions, and any other treatment or procedures deemed necessary. I understand that Spiritual Directors International will make every attempt to communicate about my condition with the emergency contact on my Travel Information Form. Further, I release Spiritual Directors International, its staff and representatives, for any and all liability while acting on my behalf and acknowledge that all expenses involved in such circumstances as described above are my responsibility.

Signature _____ Date _____