

SHEPHERD'S H E A R T



Dedicated to serving with the
Body of Christ to overcome
spiritual and physical needs.

IMPORTANT! Please sign, notarize and return this to your team leader.

Team Leaders: DO NOT mail this form. Bring this with you when you travel.

CONSENT FOR MEDICAL TREATMENT

I/We hereby agree to the performance of such treatment, anesthetics, operations and/or medications deemed necessary in the opinion of the attending physician on the applicant named below during the course of involvement with Shepherd's Heart Ministries, Inc.

Full Printed Name _____

In an emergency, contact _____ Relationship _____

Emergency Contact Phone (_____) _____ Day/Night _____

Emergency Contact Phone (_____) _____ Day/Night _____

Emergency Contact Email _____

Applicant's Full Name AND Signature (as in the passport):

_____ Date _____

If Applicant is under 18:

Parent/Guardian Full Printed Name _____

Relationship to Applicant Parent/Guardian _____

Signature _____ Date _____

Date, Signature and Seal of Notary Public: