

Physicians Medical Release

<p>If you 60 years old or more, ask your physician to read and complete this form and check one of the boxes below to indicate your readiness for travel and trip participation.</p>					
<p>Trip participant to complete the following:</p>					
<p>Patient's Name</p>					
<p>Trip County</p>				<p>Trip Dates</p>	
<p>Physician to review and complete the following: Rio Missions Panama. is a nonprofit organization committed to building the global church in Panama. Christian holistic development of children in poverty through sponsorship. Rio Missions Panama offers group trips to participate in the physical and spiritual work of the mission. Rio Missions Panama trips typically include travel into poor areas of the developing country of Panama. Conditions are frequently uncomfortable and physically and emotionally challenging, including extended periods of walking on rough/unpaved paths, demanding climbs, and rigorous physical labor (such as mixing cement) long travel times requiring use of modern and primitive, private and public transportation services which may lack accommodations for people with physical disabilities. Dietary and climate changes also add to the physical and emotional intensity of our trips, and due to the nature of long periods of travel, experiencing lack of sleep is customary. Some areas may be remote and medical, including psychological care may not be immediately available in the particular area visited. Please be considerate of these factors as you evaluate the participant's readiness for such conditions. Rio Missions Panama reserves the right to decline participation for any person as a trip member for any reason which affects the operation of the trip or the rights and enjoyment of the other trip members.</p>					
<p>Physician's Name:</p>					
<p>Address</p>					
<p>City</p>		<p>State</p>		<p>Zip</p>	
<p><input type="checkbox"/> I have reviewed the Patient's medical history, conducted an evaluation current health, and I recommend that the Patient is eligible for travel and itinerary participation.</p>					
<p><input type="checkbox"/> I have prescribed a medical plan for the Patient to meet and I recommend that the Patient is eligible for travel and itinerary participation.</p>					
<p><input type="checkbox"/> I have reviewed the Patient's medical history and I do not recommend that the Patient is eligible for travel and to participate at this time.</p>					
<p><i>**Please complete both pages of the form**</i></p>					

Please add any other information or comments about the Patient's overall health that you would like Compassion to know prior to approval for travel and trip participation:

Physician's Signature		Date	
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Once the form is completed, please send us a copy via email. We recommend that you keep your original on file. If you have questions, please contact us at any of the listed ways below.