

Kairos Prison Ministry International Medical Information Form

Dear Kairos Prison Ministry Volunteer,

In the unfortunate event that on a Kairos Inside, Kairos Outside, or Kairos Torch weekend you became critically injured or ill and require immediate, lifesaving medical care, having your key medical information for the emergency care personnel may make the difference between life and death. Therefore, we are supplying you with a Medical Information Form that you can use to make sure your information is available in an emergency during the Weekend Event.

It is important to note that this information is entirely voluntary. If you choose to make it available, it will be sealed by you, and returned to you after the Weekend. It would only be given to emergency medical personnel to open in the event of a real medical emergency.

If you choose to provide your medical information, here are the procedures that should be followed:

1. Fill out the attached Medical Information Form
2. Sign the form
3. Put the form in an envelope and seal it.
4. Sign the outside of the envelope. If your signature is hard for others to know who you are by reading it, you should also print your name on the envelope.
5. Give the sealed, signed envelope to the person whom the Weekend Leader has designated.
6. In the event of an emergency that requires your information, the sealed envelope will be given to the emergency personnel.
7. In the event that no medical emergency occurs, your sealed envelope will be destroyed or returned to you per your request upon the completion of the Weekend Event.

Kairos Prison Ministry International, its employees, Board of Directors, and volunteers offer no medical advice and are not responsible for medical care actions taken by emergency medical personnel, and are not responsible for any actions or consequences of the use of your medical information. This form is offered on a purely voluntary basis, and will only be provided to medical personnel in the event of a medical emergency.



Voluntary Medical Information

Name _____

Address/City/State _____

Phone/Home/Cell _____

Primary Care Doctor _____ Phone _____

Address/City/State _____

Insurance Carrier _____ Phone _____

Address/City/State _____

ID # _____ Group # _____

In case of emergency, please contact _____

Address/City/State _____

Relationship _____ Phone _____

Medical Information (use back if necessary)

Blood type (if known) _____

Allergies (food, medication, bees, pollen, etc.) _____

Medications currently taking/dosage/date started _____

Current medical problems _____

Medical treatment in past 12 months _____

Optional: Religious Affiliation _____

Pastor/Priest/Rev/Minister _____ Phone _____

Your Signature

This form will be kept in a sealed envelope and returned to you at the end of the Weekend. Kairos Prison Ministry International, Inc. cannot and does not offer medical care on our events. Your signature on this form simply allows us to provide the medical information you desire to emergency medical personnel.

Kairos Prison Ministry International, Inc. provides no liability or medical insurance for Guests or Team.

Approved by Staff 11-10-06