## 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 you 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



Address/City/State Phone/Home/Cell	
Primary Care Doctor Address/City/State	
Insurance CarrierAddress/City/State	
ID #	
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 sta	arted
Current medical problems Medical treatment in past 12 months	
Pastor/Priest/Rev/Minister	
Your Sign	ature

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.