

# Medical Professional Release & Consent Form

Below are the conditions and requirements of Compassion's CauseTrek and must be initialed (where applicable) and signed by you and the medical care professional (preferably a primary care physician), as consent that the potential trip participant (enter patient's full name) \_\_\_\_\_ is capable and qualified to complete the trek based on current health and any/all pre-existing medical conditions. If incapable of joining the trek, your recommendation for the patient to be denied as a participant is also among the options below.

## Trail Rigors & Conditions

- Each trip includes trekking for between 5-7 hours a day at high altitude over rough terrain. The maximum altitude can reach 19,341 feet above sea level, depending on the trek.
- Each trek will include between 4 to 7 days of rigorous hiking without a break in high elevation.
- Trekkers will be camping at minimalist sites with no access to running water or modern facilities.
- Daily trekking involves uneven terrain, and may also include tall, stone stairs, dirt surface and narrow pathways.
- Temperatures on the trail will vary greatly with exposure to elements not limited to rain, direct sun increased by high altitude, insects and multiple climate zones (from high alpine to rainforest).
- These treks will expose participants to the following increased risks: head injury, broken bones, and exposure. High altitude sickness may occur and can include: pulmonary or cerebral edema, disorientation, loss of sleep, nausea, increased heart rate and blood pressure, loss of circulation, dizziness, loss of appetite, respiratory distress and/or infection.

Please initial where you agree...

- \_\_\_ I acknowledge that my patient is in good respiratory (non-asthmatic), circulatory and cardiac shape to endure such an experience.
- \_\_\_ The patient is not struggling with joint/arthritis, knee, shoulder, leg/ankle or back problems and has not had surgery for any injuries sustained in above mentioned categories for more than 2 years.
- \_\_\_ The patient does not have any life-threatening allergies due to insect/animal, medical or dietary restrictions.
- \_\_\_ The patient has mild asthma/diabetes and they are required to be accompanied by a companion on the trek at all times who will hike at their side and be familiar with any medicines required in case of an emergency.
- \_\_\_ I acknowledge that my patient is not pregnant and therefore does not pose any concern or harm to themselves or an unborn child.
- \_\_\_ I endorse that my patient is in good physical, mental and emotional health and is fit to undertake the trek

I have represented the health and best interest of my patient to the best of my ability in my above endorsement.

\_\_\_\_\_  
 Medical Professional's Printed Name

\_\_\_\_\_  
 Medical Professional's Signature

\_\_\_\_\_  
 Date

# Physician Medical Release



**As a trip requirement: Please 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.**

**Trip participant to complete the following:**

Patient's Name			
Trip Country		Trip Dates	

**Physician to review and complete the following:**

Compassion International is a nonprofit organization committed to Christian holistic development of children in poverty through sponsorship. Compassion offers group trips for sponsors and other partners to meet the sponsored children and learn about the programs they support.

Compassion trips typically include travel into the **poorest areas of developing countries**. Conditions are frequently uncomfortable and physically and emotionally challenging, including **extended periods of walking on rough/unpaved paths, demanding climbs often at high elevation, and 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.

Compassion International may require an accompanying traveler at the expense of the participant to monitor and assist with specific physical or medical needs. Compassion reserves the right to decline participation for any person as a trip member for any reason which affects or may affect the operation of the trip or the rights and enjoyment of the other trip members.

Physician's Name			
Address			
City		State	
		ZIP	

I have reviewed the Patient's medical history and **I recommend** that the Patient is eligible for travel and itinerary participation.

I have prescribed a medical plan for the Patient to meet and **I recommend** that the Patient is eligible for travel and itinerary participation.

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.

Please add any other information or comments about the Patient's overall health that you would like Compassion to know prior to Compassion's approval for travel and itinerary participation. If you are recommending a medical plan so that the Patient is eligible for travel and itinerary participation, please describe the medical plan below and attach additional sheets as necessary:

Physician's Signature		Date	
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Once the form is completed, please send us a copy via email, to your trip administrator. We recommend that you keep your original on file. If you have questions, please contact your trip administrator, or call us at 800-336-7542.