

Physician Medical Release

If you checked any of the conditions on the Medical Checklist (during online registration), 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. The right is reserved 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.

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 approval for travel and trip participation:

Physician's
Signature

Date

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.