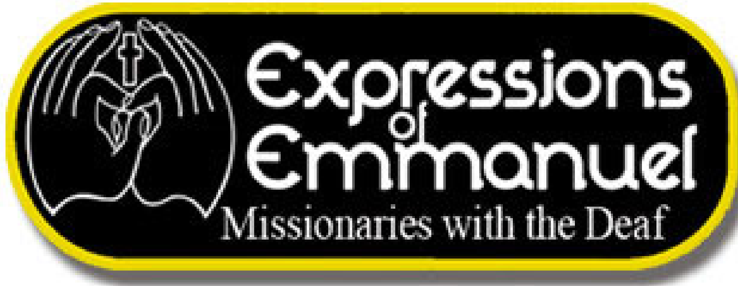

Mission Trip Medical and Liability Release Form

Name:____DOB_____________________

Address:____

City________________________________Zip______________Phone_____________________

Email Address:____

Emergency Contact Person:________________________Relationship:___________________

Address____Phone____________________

Name and phone number of alternate adult contact in case person above cannot be reached in an emergency:

Name:__________________________Relationship:___________________Phone:_________

MEDICAL HISTORY:

Special Medical Problems (if any): ____

Special Medications: ____

Routine Medications (with name & dosage): ____

____

Medication Allergies (if any):____

Date of Last Tetanus Shot:____

Doctor:___________________________________City:________________Phone:__________

Medical Insurance Name:_____________________________Policy#:_____________________

Check One:

_____My Son/daughter/ward_______________________________is under the age of

Eighteen (18). **OR**

_____I am an adult over the age of eighteen (18).

I release and discharge all parties associated with Expressions of Emmanuel for damages arising directly or indirectly from medical attention which may be administered. I further give my consent to Expressions of Emmanuel representatives to exercise their judgment concerning the proper administration of medical attention to the above-named person. I also give my consent for Expressions of Emmanuel representatives to sign documents permitting the performance of medical assistance as deemed necessary by a legally licensed physician or dentist at the time of illness or injury. I further accept the financial responsibility for all expenses that may occur including medical attention which may be needed so long as the medical attention is prescribed by a legally licensed and qualified physician or dentist.

Every activity sponsored by this mission is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the signing adult agrees to assume and accept all risks and hazards concerning Mission-related activities. They also agree not to hold this mission or its employees or volunteer sponsors liable for damages, losses, or injuries to the person or property indicated on this form.

Signature____Date________________________

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.