



Casas por Cristo
short term missions

Medical Release Form Adult

In the event of illness, injury or emergency, I give my permission for Casas por Cristo or my group leader, _____, to make a decision regarding treatment, to hospitalize, and/or to order injection, anesthesia or surgery for myself.

Signed: _____ Date: _____
Signature / printed name

Special medication, medical disorders and instruction/dosages:

Allergies: _____

Date of last tetanus shot: _____

Family Physician or Medical Group: _____

Insurance Company and Policy Number: _____

Contact: _____ Phone Number: _____

Attached is a copy of our medical insurance coverage.

Phone Numbers where spouse or relative can be reached during trip:

Name _____ Relationship _____

Day: _____ Evening: _____

This form is to be kept by your team leader, during the trip, in case of emergency.