



MEDICAL RELEASE FORM

Adults (Age 18 and up)

In the event of illness, injury or emergency, I, _____, give
(Your printed name)
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: _____
(Your signature)

Minors (Age 0-17)

I, _____, hereby authorize the participation of my
(Parent or legal guardian printed name)
child, _____, in all official activities during the mission trip
(Child's printed name)
scheduled for _____. In the event of illness, injury or emergency, I give
(Date of trip)
permission for the group leader, _____, or for Casas por Cristo
(Printed name of team leader)
to make a decision regarding treatment, to hospitalize, and/or to order injection, anesthesia or surgery for my child.

Signed: _____ Date: _____
(Parent or legal guardian signature)

Medical Information (Everyone)

Special medication, medical disorders and instruction/dosages: _____

Allergies: _____

Date of last tetanus shot: _____

Family Physician or Medical Group: _____

Insurance Company and Policy Number: _____

- o Please attach a copy of your insurance card.

Insurance Company Phone Number: _____

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 an emergency.