

MEDICAL RELEASE FORM

Youth

I, _____, hereby authorize the participation of my child, _____, in all official activities during the mission trip scheduled for _____. In the event of illness, injury or emergency, I give my permission for the group leader, _____, to make a decision regarding treatment, to hospitalize and/or to order injection, anesthesia or surgery for my child named above.

Signed: _____ Date: _____
Parent or legal guardian

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 parent or guardian can be reached during trip:

Day: _____ Evening: _____

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