



Medical Release Form

Adults (Age 18 and up)

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

Minors (Under Age 18)

I, _____ (Parent or Legal Guardian), 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 permission for the group leader, _____ or for Casas por Cristo 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

(Everyone)

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.