



## 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.