



Mission Trip Medical and Liability Release Form

Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email Address: _____

Emergency Contact Person: _____ Relationship: _____

Address: _____ Phone: _____

Name and phone number of alternate adult contact in case person above cannot be reached in an emergency:

Name: _____ Relationship: _____ Phone: _____

Medical History: Special Medical Problems

(if any): _____

Special Medications: _____

Routine Medications (with name & dosage): _____

Medication Allergies (if any): _____ Date of Last Tetanus Shot: _____

Doctor: _____ City: _____ Phone: _____

Medical Insurance Name: _____ Policy Number: _____

Check One: My son/daughter/ward _____ is under the age of eighteen (18).

OR I am an adult over the age of eighteen (18).

I release and discharge all parties associated with You Turn Ministries, Inc for damages arising directly or indirectly from medical attention which may be administered. I further give my consent to You Turn Ministries, Inc representatives to exercise their judgment concerning the proper administration of medical attention to the above-named person. I also give my consent for You Turn Ministries, Inc representatives to sign documents permitting the performance of medical assistance as deemed necessary by a legally licensed physician or dentist at the time of illness or injury. I further accept the financial responsibility for all expenses that may occur including medical attention, which falls outside of the purchased medical and evacuation insurance from Mission Safe, which may be needed so long as this medical attention is prescribed by a legally licensed and qualified physician or dentist. Every activity sponsored by this ministry is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the signing adult agrees to assume and accept all risks and hazards concerning ministry-related activities. They also agree not to hold this ministry or its employees or volunteer sponsors liable for damages, losses, or injuries to the person or property indicated on this form.

Signature

Date

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD

2634 DRAKE ROAD | LEBANON, OH 45036 | 903.918.1926 | OFFICE@YOUTURNMIN.ORG

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