

**MEDICAL RELEASE FORM**  
**Beautiful Feet Mission Trip 2021**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_ Emergency (    ) \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

**IF UNDER 18 YEARS OLD:**

PARENT/GUARDIAN NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_  
CELL PHONE(    ) \_\_\_\_\_ HOME PHONE (    ) \_\_\_\_\_

ARE YOU CURRENTLY TAKING MEDICINE OR TREATMENT    YES    NO  
If yes, explain \_\_\_\_\_

DATE OF LAST TETANUS TOXOID IMMUNIZATION: Month \_\_\_\_\_ Year \_\_\_\_\_  
HAVE YOU EVER HAD A SEVERE REACTION TO A BEE/HORNET STING, OR INSECT BITE?  
YES    NO    If yes, explain \_\_\_\_\_

**DO YOU HAVE:**

\_\_\_\_ Sinus Trouble  
\_\_\_\_ Hay Fever  
\_\_\_\_ Heart Trouble  
\_\_\_\_ Epilepsy  
\_\_\_\_ Asthma  
\_\_\_\_ Diabetes

**LIST ANY ALLERGIES:**

Food \_\_\_\_\_  
Drugs \_\_\_\_\_  
Other Medical Needs: \_\_\_\_\_

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**EMERGENCY MEDICAL AUTHORIZATION**

Event: Beautiful Feet Mission Trip, Fort Worth, Texas

In the event of an emergency, I hereby give permission to the church-appointed sponsor who is with me or my child at the above mentioned event to obtain medical assistance for me or my child. I also give permission to the physician selected to hospitalize and secure proper treatment for me or my child.

Parent/Guardian/Self Signature \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

If I cannot be reached, please notify \_\_\_\_\_

(    ) \_\_\_\_\_ or (    ) \_\_\_\_\_

Today's Date \_\_\_\_\_

**Make copies of this form if needed**