

This form to be completed in black or blue ink by the minor's parent/legal guardian.

MEDICAL RELEASE FORM

for
Church/Group Representative

of
Church/Group Name

Effective date:

Youth's Name Birthdate / / Sex

Complete Home Address

Home Phone (.....) School (.....)

Youth lives with: Mother Father Both Guardian

Father's Name Work Phone Number (.....)

Employed by

Mother's Name Work Phone Number (.....)

Employed by

Guardian's Name Work Phone Number (.....)

Employed by

MEDICAL INFORMATION

Notice: Answers to all numbered questions can be listed on the back of this form.

Family Physician Phone Number (.....)

Parent's Insurance Company Policy Number

1. Chronic illnesses or medical conditions (stomach upsets, rash, frequent colds, etc.)?
2. Medications? What?
3. Operations or serious injuries (dates)?
4. Any activity restrictions?

HEALTH HISTORY (Check, if applies. Give approximate dates.)

..... Ear Infection

..... Heart Defect/Disease

..... Convulsions/Epilepsy

..... Diabetes

..... Bleeding/Clotting Disorders

..... Hypertension/A.D.D.

..... Mononucleosis

DISEASE

(Check, if applies. Give approximate dates.)

..... Chicken Pox

..... Measles

..... German Measles

..... Mumps

..... DPT

..... TD

..... Tetanus

..... Tubercular Test

..... Influenza b (HIB)

VACCINATION DATE

CONSENT FOR EMERGENCY TREATMENT

If your child should require medical attention while on an activity with the above listed church/group for injuries received or illnesses contracted prior to coming, please send us information necessary to give him/her proper medical service during this time. In case of emergency, I hereby give permission to the physician selected by the church/group sponsor representative to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above. I also hereby give permission for my child to participate in all activities, travel, service projects, and other activities in Tijuana/Ciudad Juarez/Puerto Peñasco, Mexico.

I, therefore, agree to assume as an explicit condition of my child's/ward's participation, any and all risks, including, but not limited to these enumerated above. I agree to hold harmless the above named sponsor, the sponsoring church or group from any and all liabilities, claims, demands, and causes of action whatsoever which may arise due to the participation of myself or my child/ward.

I realize, also, that in the event of illness or injury while participating in its activities, medical treatment may be required, I hereby give permission for any such treatment to be rendered, and I agree to bear the cost of such treatment. If any changes occur, I will contact the director.

.....
 Father's/Guardian's Signature

.....
 Date

.....
 Mother's/Guardian's Signature

.....
 Date