



## 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.**