

MEDICAL RELEASE FORM
GOSPEL MINISTRY TEAM

In the event of the need for medical care or emergency care I _____ give permission for the representatives of the Gospel Ministry Team to authorize the administration of any necessary medical care for myself in the event I am unable to do so for myself during the mission trip/event to _____ during the dates of _____.

I also understand that I do not hold liable the Gospel Ministry Team, its representative, directors or team for any sickness, injury accident or disease incurred on said trip. I will assume all responsibility for cost connected with treatment and release Gospel Ministry Team from any financial responsibility.

Date _____ - Sign _____

If under 18 both parents need to sign

Date _____ Sign _____

Date _____ Sign _____

Address _____

Phone numbers, (home & cell of applicant and parents for minors) _____

Cell _____

Physician _____ Physician Phone# _____

Please list any allergies, medical conditions or illness necessary for care in the event of an emergency. _____

_____.

List all medications you are currently taking, dosage and frequency,

_____.

List vaccinations you have received and date of vaccination

_____.

Emergency contact Name _____

Address _____

Phone # _____

Include this form with your application along with a copy of your medical insurance information.