

**Traders Point Christian Church**  
**Short-Term Mission Trip Medical Release Form**

- **One** form per participant
- Please complete in pen

Legal Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_  
Complete Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_

**MEDICAL INFORMATION:**

Primary Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Name of person insurance is under: \_\_\_\_\_ Group #: \_\_\_\_\_

- **If under 18, please fill out the attached Parental Medical Consent Form**

**HEALTH HISTORY:**

Do you have any physical limitations that would hinder your ability to participate in vigorous activities? If so, please explain.

\_\_\_\_\_

Do you have any medical problems? If so, please explain.

\_\_\_\_\_

Are you allergic to any medications or food? If so, please explain.

\_\_\_\_\_

Describe your present physical fitness (e.g. for walking, manual labor, heavy lifting, carrying luggage).

\_\_\_\_\_

Do you take any medication on a regular basis? If so, please list:

\_\_\_\_\_

**CONSENT FOR EMERGENCY TREATMENT (Signature required from participant, or parent or guardian if under 18)**

*Note: If you should require medical attention while on an activity with the above listed church/group for injuries received or illness contracted prior to coming, please provide trip coordinators with information necessary to give proper medical service during the trip.*

In case of an 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 myself/my child (ward) as named above. I also hereby give permission for my child to participate in all activities, travel, service projects, and other activities.

I, therefore, agree to assume as an explicit condition of my/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 inabilities, 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.

**Participant (or Parent/Guardian) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_