

Sample Medical Release for Adults

PARTICIPANT MEDICAL RELEASE FORM

Name of Participant _____ Date of Birth _____

Address _____ City _____ State _____ ZIP _____

PERMISSION

- أ I do hereby verify that the below information is correct and I do hereby grant permission for the church to obtain medical attention in case of sickness or injury.
- ف I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the church for my welfare should I be unable to make reasonable and sound decisions for myself.
- ف I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage while participating on this trip.
- ف I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to me, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting me to and from the activities.
- ف I agree to provide medical insurance.

Signature of Participant

Date

MEDICAL AND INSURANCE INFORMATION

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone # _____

Check applicable box and give appropriate information below:

- | | |
|-----------------|------------------|
| ف None | |
| ف Allergies | ف Kidney Trouble |
| ف Asthma | ف Sinusitis |
| ف Bronchitis | ف Stomach Upset |
| ف Diabetes | ف Other |
| ف Dizziness | |
| ف Heart Trouble | |

Immunizations:

ف Tetanus: Date Received _____

ف Typhoid: Date Received _____

EMERGENCY NOTIFICATION

Relative _____ Phone _____

Friend _____ Phone _____

NOTARY

Dated this ____ day of _____, 20 ____, State of _____ County of _____

On this ____ day of _____, 20 ____, _____

(Participant)

personally appeared before me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this ____ day of _____, 20 ____.

My commission expires _____.

Signature Notary Public _____

Parent/Guardian Consent – Medical Release Form

Name of Participant _____ Date of Birth _____
Address _____ City _____ State _____ ZIP _____
Name of Parent/Guardian _____

PERMISSION

I, _____ (parent/guardian) hereby give permission for _____
(hereinafter referred to as “the student”) to travel with _____
(hereinafter referred to as “the church”) to _____ (destination)
during the following dates _____.

- أ I do hereby verify that the below information is correct and I do hereby grant permission for the church to obtain medical attention in case of sickness or injury to the student.
- ث I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the church for the welfare of the student until such time as you are able to reach me personally.
- ث I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage while participating on this trip.
- ث I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to the student, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting the student to and from the activities.
- ث I agree to provide medical insurance for my student(s) who are participants on this trip.

Signature of Parent/Guardian

Date

MEDICAL AND INSURANCE INFORMATION

Family Insurance Company _____ Policy # _____
Family Physician _____ Phone # _____

Check applicable box and give appropriate information below:

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Dizziness | |
| <input type="checkbox"/> Heart Trouble | |

Immunizations:

Tetanus: Date Received _____
 Typhoid: Date Received _____

List below any prescription drugs the student will be taking while on trip; state frequency and dosage for each.

ثا None
ثا Drug(s): _____

EMERGENCY NOTIFICATION

Parent/Guardian _____ Phone _____
Relationship _____

NOTARY

Dated this ____ day of _____, 20 ____, State of _____ County of _____

On this ____ day of _____, 20 ____, _____

(Parent/Guardian)

personally appeared before me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this ____ day of _____, 20 ____.

My commission expires _____.

Signature Notary Public _____