

Trinity Baptist Church, Norman Medical Release / Permission to Treat Form

Trip Location: _____ Trip Dates: _____ Team Leader _____
Name: _____ Gender: _____ DOB _____ Age: _____
Complete Address: _____
Home Phone _____ Cell Phone _____ SSN (for background check) _____
Driver license number _____ DL State _____ (for background check)
Parent/Guardian Name _____
(if traveler is younger than 19 years)

Provide the name/contact information of two individuals not traveling with you as emergency contacts.

Name: _____ Name: _____
Relationship to You: _____ Relationship to You: _____
Phone: _____ Phone: _____
Alt. Phone: _____ Alt. Phone: _____

Insurance Company: _____ Policyholder: _____
Policy #: _____ Group #: _____
Ins. Co. Address: _____ Phone: _____
Primary Care Physician: _____ Phone: _____
Physician Address: _____

Do you have any allergies? _____ If yes, explain: _____

Have you had contact with contagious/infectious diseases within the last 4 weeks? _____
If yes, explain: _____

Do you have any special dietary restrictions? If yes, explain: explain _____

List any specific medical conditions requiring medical treatment and/or medication: _____

List all operations/serious injuries (include dates) within the past 5 years: _____

List ALL medication taken on a regular basis: _____

What type of pain medication may be given if necessary _____

I hereby give permission to medical personnel selected by my team leader or his/her designee (hereafter the Authorized Agent) to order X-rays, routine tests, and treatment for me. In the event of an emergency and neither my primary nor secondary contact can be reached, I hereby give permission to the physician selected by the Authorized Agent to secure proper treatment, hospitalize, order injections and/or anesthesia, and/or authorize surgery for me. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release BH, its employees or agents, and in country contacts from liability associated with participation in a mission trip. I understand that if I do not have medical insurance, I will be responsible for any medical expenses in the event of a sickness or injury. I understand that there are risks involved in participating in a mission trip.

Signature: _____ Date: _____
(Signed by traveler if 19 or older, signed by a parent or guardian if traveler is under 19 years of age.)

Trinity Baptist Church Release of Liability

In signing this form, I, _____, (traveler) agree not to hold Trinity Baptist Church, her officers, employees, or other agents liable for any injury, loss, damage, or accident that I might encounter while on a missions event/effort.

I realize and acknowledge that my participation on a mission trip to a foreign country includes risk and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume any such risks that might result from my participation in a midterm missions project, and I unconditionally agree to hold Trinity Baptist Church, its officers, employees, or other agents blameless for any liability concerning my personal health and wellbeing, or any liability for my personal property that might be lost, damaged, or stolen while on a short-term mission trip.

Signed:

(signed by the traveler)

Parent/Guardian Signature:

(co-signed by a parent or guardian if traveler is under 19 years of age)

And dated this _____ day of _____, 20_____.

DO NOT DATE THE FORM UNTIL YOU ARE IN THE PRESENCE OF THE NOTARY

The following is to be completed by the Notary Public witnessing the individual's signature.

The State of _____ the County of _____

Before me, a Notary Public, on this day personally appeared _____ known to me, or proved to me on the oath of _____, to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, A.D.

Notary Public Signature:

My commission expires: