

**Item D**

**Master's Church Builders Medical Release Form  
for Adult Participant Consent**

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**PERMISSION**

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

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

**MEDICAL AND INSURANCE INFORMATION**

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Check if applicable and give appropriate explanations below:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Allergies  | <input type="checkbox"/> Heart Trouble         |
| <input type="checkbox"/> Asthma     | <input type="checkbox"/> Kidney Trouble        |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Sinusitis             |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Stomach Upset         |
| <input type="checkbox"/> Dizziness  | <input type="checkbox"/> Other (Explain below) |

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Immunizations:

Tetanus: Date Received \_\_\_\_\_ Typhoid: Date Received \_\_\_\_\_

List any prescription drugs you will be taking while on trip; include frequency and dosage for each.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY NOTIFICATION**

Relative/Friend \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Relative/Friend \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**NOTARY**

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 2010. State of \_\_\_\_\_

On this \_\_\_\_\_ Day of \_\_\_\_\_, 2010.

\_\_\_\_\_(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 \_\_\_\_\_ 2010.

My commission expires \_\_\_\_\_

Signature Notary Public \_\_\_\_\_