



## 2024 Men on Mission Medical Release Form: Adult

Name: \_\_\_\_\_ Are you over the age of 18? Yes ☐ No ☐

Phone Numbers: home \_\_\_\_\_ cell \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Contact: \_\_\_\_\_

Phone Numbers: home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone # : \_\_\_\_\_

Policy # : \_\_\_\_\_ Group # : \_\_\_\_\_

Insurance Claim Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Policy Owner: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

### Medical History and/or Concerns

Please list dates and type of any operations/accidents within the last two years

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

Circle all that apply (please list treatments below and feel free to make comments):

Allergies      Asthma      Clotting      Disorders      Convulsions      Diabetes      Fainting (freq.)

Ear Infections      High Blood Pressure      Hypertension      Headaches (freq)      Incontinence

Insect Sting/Bite Reactions      Joint Problems      Sleep Walking      Upset Stomach

List all **Food Allergies** or restrictions: \_\_\_\_\_

List and describe all known **allergic reactions**: \_\_\_\_\_

Are there any other medical issues that we should know about? \_\_\_\_\_

### **Authorization of Medical Care and Waiver of Liability**

In the event of an accident, illness, or medical emergency, I grant permission for the leaders and/or volunteers working with First Baptist Church Trussville to obtain proper treatment by a licensed physician or hospital, including injection, anesthesia and surgery. I am aware that I will be responsible for the cost of such treatment.

I understand that during mission trips reasonable safety precautions will be taken at all times by the staff and volunteer staff of First Baptist Church Trussville. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Baptist Church Trussville or its leaders, employees or other volunteer staff liable for damages, losses, or injuries incurred by the participant on this form.

I, the undersigned, do hereby verify that the information I supplied on this form is correct and I do hereby release and forever discharge all Staff and Leaders of First Baptist Church Trussville, from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in the mission trip to Camp Creek Baptist Church, June 8 through June 15, 2024.

This form does not need a notary, but you must have a witness other than a family member sign it.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_