

RELEASE AND MEDICAL AGREEMENT

This form must be notarized. Please print and sign your name in the presence of a notary public. Each participant must complete this agreement.

Participant Name	Male	Female	Date of Birth
Participant Address	City	State	Zip
Emergency Contact Name		Phone	
Emergency Contact Address	City	State	Zip
Additional Contact Name		Phone	
Additional Contact Address	City	State	Zip

MEDICAL INFORMATION

Physician Name	Group	Phone
Dentist Name	Group	Phone
Medications (indicate dosage and reason for taking)		

Allergies: Bee Sting Peanuts Penicillin Environmental (pollen, mold, etc.) Other:

If participant has allergies, what happens when participant has an allergic reaction?

What intervention is required to resolve these allergic reactions? None Medicine Doctor/hospital

Has participant ever experienced any of the following medical conditions? Yes No

(Check all that apply.) Asthma Diabetes Epilepsy Heart condition Head injury ADD/ADHD

Other

Please describe the circumstances and how they were or are being resolved.

PERMISSION TO DISPENSE NON-PRESCRIPTION MEDICATION (for minors traveling unaccompanied by parent):
The following non-prescription medications may be administered to the above named participant while on a College Church missions trip if pertinent symptoms arise. Please check all that apply.

Ibuprofen Acetaminophen Antacid Pepto Bismol Cough syrup Benedryl Other

Comments:

Disclaimer

Representations and Release

I hereby release and discharge College Church in Wheaton ("Church") from any and all liability, claims, demands or causes of action that I may hereafter have for injuries or damages arising out of my participation in mission trip activities, even if caused by negligence or other fault of Church or its representatives. I further agree that I WILL NOT SUE OR MAKE CLAIM against Church for damages or other losses sustained as a result of my participation in mission trip activities. I also agree to INDEMNIFY AND HOLD Church HARMLESS from all claims, settlements, judgments and costs, including but not limited to attorneys' fees, and to reimburse them for any expenses whatsoever incurred in connection with an action brought as a result of my participation in mission activities.

I understand and acknowledge that mission activities can be dangerous and I EXPRESSLY AND VOLUNTARILY ASSUME THE RISK OF DEATH OR OTHER PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN MISSION ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER FAULT OF COLLEGE CHURCH IN WHEATON, including but not limited to equipment malfunction from whatever cause, inadequate training, and deficiencies in transportation, accommodations, food, and other incidents of travel.

I further acknowledge that the foreign travel I have chosen is located in an area where there may be civil and political disturbances that could affect my personal freedom and safety. I have carefully evaluated the potential risk of injury or detention, and I believe the risks are worth undertaking in order that I be allowed to participate in the missions trip. Therefore, I HEREBY AGREE TO PERSONALLY ASSUME ALL OF THE RISKS OF LAWFUL OR UNLAWFUL DETENTION OR INCONVENIENCE ASSOCIATED WITH THIS MISSIONS TRIP. Church is not liable for legal expenses, bail or ransom money that may be demanded by my detainers. Furthermore, I further indemnify and hold harmless Church from any lawsuit or other claims that may be instituted by any person or institution claiming to be a member of my family, dependent, creditor, or any other person to whom I owe any obligation.

Emergency Authorization

The undersigned hereby give permission to licensed medical personnel attending to the treatment of the participant to order x-rays, routine tests and treatment. In the event of an emergency, the undersigned also gives permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant as named on this form.

Participant must sign. Parent/Guardian signature is required for participants under age 18.

	X	
Participant: Print Name	Signature	Date

	X	
Parent/Guardian: Print Name	Signature	Date

Notary Certificate of Acknowledgement

State of ILLINOIS

County of DU PAGE

This instrument was acknowledged before me on _____ by _____.
(Date) (Name/s of person/s signing document)

(Seal)

Signature of Notary Public

Medical Insurance

I understand that I am responsible for covering any medical expenses incurred on account of sickness, because insurance for sickness is not provided by College Church. My medical insurance provider is:

Insurance Company:

Address:

Phone

Policy and/or Group Plan Number:

Identification Number of the Insured:

The participant is: The insured A covered dependent of the insured

If a Covered Dependent, the Name of the Insured is:

You must have medical insurance to participate on a short-term trip.

Please tape a photocopy of both sides of the medical insurance card that covers the participant in the space below.

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Participant must sign. Parent/Guardian signature is required for participants under age 18.

X

Participant: Print Name Signature Date

X

Parent/Guardian: Print Name Signature Date

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