

VISTA GRANDE BAPTIST CHURCH MISSION MEXICO

MEDICAL RELEASE FORM / PERMISSION TO TREAT 2027

Participant Name: _____

Birth Date:_____/_____/_____ **Age:** _____ **Gender (M/F):**_____

Address:_____ **City:**_____

State:_____ **Zip:**_____ **Phone:** (___)_____

Secondary contact to notify in event of emergency: _____

Their relationship to you: _____ **Their phone:** (___)_____

Parent/Guardian: _____ **Cell Phone:** (___)_____
(if participant is under 18)

PLEASE SUPPLY THE FOLLOWING INFORMATION AND ATTACH A COPY OF YOUR INSURANCE CARD.

Medical Insurance CO.: _____ **Group#:** _____ **Policy#:** _____

Company's Address: _____ **Company's Phone:** (___)_____

City: _____ **State:** _____ **Zip:** _____

Family Physician's Name: _____ **Phone:** (___)_____

Physical Limitations (Asthma, diabetes, allergies, etc), and/or special instructions (Allergic to certain meds or foods, rare blood type, wears contact lenses, etc.):

_____

_____

List ALL medication taken on a regular basis and/or any brought with you to this event (Prescription meds MUST have a pharmacy label and name of doctor):

_____

_____

List all operations/serious injuries and dates within the past five years:

_____

_____

_____

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EMERGENCY AUTHORIZATION – I *(or parent on behalf of minor)* hereby give permission to medical personnel selected by the participant's leader, designee or other church sponsor to order X-rays, routine tests, and treatment for myself. In the event of the emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections, and/or anesthesia, and/or surgery to myself as named above.

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 its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, or the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

UNDERSTANDING OF LIABILITY – I understand that there are risks involved in taking place in activities related to participation in mission functions. I freely (parent of minor must sign on behalf of minor) agree to assume all risks inherent in such mission (including but not limited to disease, unforeseen medical event, injury, or death at the hands of third parties over whom the church has no control, political or social unrest, or hostility to Americans in general or to the life of the Gospel of Jesus Christ).

Having been made aware, to the extent practicable, of the kinds of risks and dangers inherent in the proposed ministry activity, I hereby release VGBC and its employees from any and all liability to me, my family, or my estate for acts or omissions related to my participation in the specific mission identified.



PLEASE DO NOT SIGN BELOW UNLESS BEFORE A NOTARY, OR THE FORM IS INVALID!!



_____ _____

Signature *(Or parent/guardian if under 18)* Date

THE FOLLOWING TO BE COMPLETED BY THE NOTARY WITNESSING SIGNATURE:

State of_____

County of_____

The foregoing instrument was subscribed before me by _____

on this _____ day of _____, A.D. _____

_____

Signature of Notary

My Commission Expires: _____