3MT MEDICAL RELEASE FORM

PLEASE PRINT OR USE ELECTRONIC FORM

NAME (FIRST, MI, LAST)	CHURCH

STREET ADDRESS

CITY	STATE	ZIP CODE	DATE OF BIRTH (mm/dd/yyyy)

INSURANCE COMPANY	INSURANCE/POLICY #

EMERGENCY CONTACT

NAME (FIRST, MI, LAST)	RELATIONSHIP

PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER

PREVIOUS MEDICAL HISTORY

PLEASE CHECK ALL THAT APPLY

☐ ASTHMA	☐ DIZZINESS	☐ KIDNEY TROUBLE	☐ OTHER: ______
☐ DIABETES	☐ HAY FEVER	☐ STOMACH UPSET	☐ OTHER: ______
☐ SINUSITIS	☐ BRONCHITIS	☐ HEART PROBLEMS	☐ OTHER: ______

VACCINATIONS	Date
☐ CHICKEN POX	______
☐ MMR	______
☐ TETANUS	______

PREVIOUS ILLNESS/OPERATIONS

LIST ALL MEDICATIONS

ALLERGIES - PLEASE LIST ALL

FOOD
DRUG
INSECT BITES
SPECIAL DIET
OTHER

PERMISSION FOR MEDICAL TREATMENT

MY PERMISSION IS GRANTED TO THE YOUTH DIRECTOR OR ANY PERSON IN CHARGE OF MID-MISSOURI MISSION TEAM TO OBTAIN MEDICAL TREATMENT IN CASE OF SICKNESS OR INJURY TO MY CHILD OR MYSELF (NAME) ______________________ WHILE PARTICIPATING IN THIS MISSION TRIP. I, ______________________ THE UNDERSIGNED DO HEREBY VERIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND I DO HERE BY RELEASE AND FOREVER DISCHARGE ALL SPONSORS, THE PARTICIPATING CHURCHES AND THE MID-MISSOURI MISSION TEAM 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 ACTIVITIES OF MID-MISSOURI MISSION TEAM (3MT).

SIGNATURE OF PARENT / GUARDIAN / PARTICIPANT	DATE

______________________ PERSONALLY APPEARED BEFORE ME AND PERSONALLY KNOWN BY ME, EXECUTED THE FOREGOING PERMISSION AND RELEASE FORM. WITNESS MY HAND AND OFFICIAL SEAL, DATED THIS

__________ DAY OF __________ YEAR __________ STATE OF ______________ COUNTY OF ______________ .

SIGNATURE NOTARY PUBLIC	SEAL
MY COMMISSION EXPIRES (mm/dd/yyyy)	

PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD AND POLICY NUMBER ALONG WITH THIS FORM AT REGISTRATION.
YOU MAY NOT PARTICIPATE WITHOUT THIS FORM PROPERLY COMPLETED AND NOTARIZED.

IF OVER 18 PLEASE PROVIDE YOUR EMAIL ADDRESS A LINK FOR THE BACKGROUND CHECK WILL BE EMAILED TO YOU	EMAIL