



Medical Release Form For Short-Term Mission Trip Participants

PERSONAL

Patterson Park Church is organizing or planning a certain event, trip, or activity generally described as follows:

Trip Destination:

Dates of Trip:

Name _____ Gender _____ Date of Birth _____

Address _____

Email Address _____ Cell Phone _____

EMERGENCY CONTACT Parent/Guardian Name(s)

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ Email _____

Alternate Emergency Contact Name _____ Relationship _____

Address: _____ Phone _____

INSURANCE

Health Insurance Company _____ Name of Insured _____ Relationship _____

Group Number _____ Policy Number _____ Phone _____

MEDICAL

Family Doctor _____ Phone _____

PLEASE ATTACH COPY OF INSURANCE CARD

DATE OF LAST TETANUS SHOT (must be within the last 10 years) _____

Health History (Attach additional sheet with details if needed)

Allergies (include medicines, foods, bites, stings)

Allergy	Reaction	Medication Required

Medication (list all current medications)

Medication	Condition	Dosage (size/frequency)

Health Profile

Check box if YES

Check box if YES

<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Medical Equipment
<input type="checkbox"/>	Cardiac Conditions	<input type="checkbox"/>	Pregnant
<input type="checkbox"/>	Seizure within past year	<input type="checkbox"/>	Special Diet
<input type="checkbox"/>	Neck/back/shoulder/knee/ankle problems	<input type="checkbox"/>	Other Medical Conditions

If you answered "Yes" to any of the above, please provide a detailed description including symptoms and restrictions.

PERMISSION AND LIABILITY RELEASE

In consideration for being accepted by **Patterson Park Church** for participation in (*Mission Trip*), _____ on _____ (month & year). I, being 18 years of age or older, do for myself or for and on behalf of my child-participant _____ (if said child is not 18 years of age or older), do hereby release, forever discharge, and agree to hold harmless **Patterson Park Church, the corporation, its officers, directors, pastors, employees, agents, borrowed servants, contractors, and other workers, paid or volunteer, or their heirs or assignees** from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned or the child-participant that occur while I or my child is participating in the above-described trip or activity.

Furthermore, I on behalf of myself or my child (under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation. Authorization and permission is hereby given to said organization to furnish any necessary transportation, food, and lodging for me or my child. The undersigned further hereby agrees to hold harmless and indemnify said organization, **the corporation, its officers, directors, pastors, employees, agents, borrowed servants, contractors, and other workers, paid or volunteer, or their heirs or assigns**, for any liability sustained by Patterson Park Church as the result of the negligent, willful or intentional acts of me or my child, including expenses incurred attendant thereto.

I grant permission for the Church to take me or my child to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and I will assume the responsibility of all medical bills, if any. **Further, should it be necessary for me or my child to return home due to medical reasons, disciplinary action or otherwise, I will assume full responsibility for payment of all transportation costs.**

Participant Signature _____ **Date:** _____

Parent/Guardian Name (if participant under 18) _____

Parent/Guardian Signature _____ **Date:** _____

Date Received: _____ **Approved by:** _____