



Medical Information and Release Form

TEAM LEADER: PLEASE KEEP THE ORIGINAL COPY

Name _____

Emergency Contact Name _____

Address _____

Emergency Contact Phone _____

Phone _____

Emergency Contact Email _____

I, _____ authorize _____
(participant) *(adult on trip)*

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician and surgeon licensed to practice medicine by the state or country in which they practice, during the duration of the trip identified above.

Participant's Physician _____

Phone _____

Medical Insurance Provider _____

Phone _____

Policy Number _____

Allergies and Medications _____

Physical disabilities and health problems (indicate whether you have special needs regarding sleep accommodations, meals, etc.)

SIGNATURE OF TEAM MEMBER _____

DATE _____

SIGNATURE OF LEGAL GUARDIAN _____

DATE _____

(If applicant is under 18 yrs. old)

Notarization of Medical Release Form – REQUIRED

STATE OF _____

PARISH OR COUNTY OF _____

On this ____ day of _____, ____ (year), before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____

County/Parish _____

State of _____

My Commission Expires _____