



Medical Liability Release Form

Mission Trip to _____ (City), _____ (Country)
Mission Trip Dates: Beginning: _____ Ending: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Birth Date: _____ Height: _____ Weight: _____

Medical Information

Physical Handicaps or Limitations: _____

Allergies/Medication you are allergic to: _____

Medication you are currently taking: _____

Your Medical Insurance Company: _____

Members Name: _____ Policy Number: _____

I do hereby release Hands & Feet Ministries, Inc., its staff and it's sponsor's from liability and responsibility for any injury or illness that I may incur during this short-term mission trip. In the event of emergency, I do hereby authorize the leaders of this trip, as agents for me, to consent to any examination, x-ray, medical, dental, or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon or dentist. (as appropriate) licensed to practice under the laws of the country/state, where the services are rendered, either at a doctors office or in any hospital. I do hereby release and authorize as stated above.

Signature: _____ Date: _____

Signature of Guardian (if under 18): _____ Date: _____

In the event of EMERGENCY, please contact (NAME): _____

Address: _____ City: _____ ST _____ Zip _____

Phone #s Daytime: _____ Evening: _____ Cell: _____

Your current health is: Excellent: ___ Good: ___ Fair: ___ Poor: ___