



CITY CENTER

Short-Term Mission Trip Medical Release Form

* One form per participant

* Please complete in pen

Legal Name: _____ Birthdate: ___/___/___ Gender: _____

Complete Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Relationship to Participant: _____

MEDICAL INFORMATION:

Primary Physician: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Name of person insurance is under: _____ Group #: _____

If under 18, please fill out the attached Parental Medical Consent Form.

HEALTH HISTORY:

Do you have any physical limitations that would hinder your ability to participate in vigorous activities? If so, please explain. _____

Do you have any medical problems? If so, please explain.

Are you allergic to any medications or food? If so, please explain.

Describe your present physical fitness (e.g. for walking, manual labor, heavy lifting, carrying luggage).

Do you take any medication on a regular basis? If so, please list:

CONSENT FOR EMERGENCY TREATMENT, MEDIA, AND BEHAVIOR AGREEMENT

(Signature required from participant, or parent or guardian if under 18)

Note: If you should require medical attention for injuries received or illness contracted prior to coming on the activity with the above listed church/group, please provide trip coordinators with information necessary to give proper medical service during the trip.

In case of an emergency, I hereby give permission to the physician selected by the church/group sponsor/representative to hospitalize and secure proper treatment, and order injection, anesthesia, or surgery for myself/my child (ward) as named above. I also hereby give permission for my child to participate in all activities, travel, service projects, and other activities.

I, therefore, agree to assume any and all risks, including, but not limited to these enumerated above. I agree to hold harmless the above named sponsor, the sponsoring church or group from any and all disabilities, claims, demands, and causes of action whatsoever which may arise due to the participation of myself or my child (ward).

I realize, also, that in the event of illness or injury while participating in its activities, medical treatment may be required. I hereby give permission for any such treatment to be rendered, and I agree to bear the cost of such treatment. If any changes occur, I will contact the director.

Parent/Guardian: _____ Date: _____

The City Center may:

1. Photograph me and record my appearance and voice, whether by film, videotape, magnetic tape, digitally, or otherwise;
2. Make copies of the photographs and recordings made;
3. Distribute photographs and recordings through all media now and in the future;
4. Use my name and likeness for the purpose of ministry, education, promotion, or advertising of the sale or sharing with other ministries the photographs, recordings, and any copies so made.

_____ Initial (parent or guardian)

Parent/Guardian Agreement (if participant is under age of 18)

I, the parent of _____, understand the importance of my child's behavior and commitment on the mission trip with The City Center. I agree to pay any additional expense of having my child sent home on a commercial passenger carrier. I am also aware that I will be informed before any such action takes place.

Parent/Guardian: _____ Date: _____