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Medical Release Form

PROJECT INFORMATION

Destination/Project: _____ Date(s) of Project: _____

PARTICIPANT INFORMATION

Name: _____ Phone: (____) ____ - ____
Last First MI

Place of Birth: _____ Date of Birth: ____/____/____
City, State

Physician: _____ Phone: (____) ____ - ____

Blood Type: _____ Insurance Company: _____

Policy Number: _____ Group Number: _____

Allergies (i.e. food, drugs, bee stings, etc.): _____

Medications: _____

Current Medical Conditions: _____

Previous Operations, Surgeries, or Serious Illnesses:

_____ Year: _____

_____ Year: _____

_____ Year: _____

_____ Year: _____

Immunizations:

Tetanus Year: _____

MMR

Polio

DTP/Dtap/DT

Hepatitis B

Varicella

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Address: _____

City/State/Zip: _____

Home:(____) ____ - ____ Work:(____) ____ - ____ Cell:(____) ____ - ____

Alternate Emergency Contact: _____

Address: _____

City/State/Zip: _____

Home:(____) ____ - ____ Work:(____) ____ - ____ Cell:(____) ____ - ____

MEDICAL RELEASE

I, _____, give my permission for the designated/ approved church representative or sponsor to secure any needed medical treatment for myself. I release the church and its representatives or sponsors from liability for accidents or injuries during trips and activities.

Participant Signature: _____ Date: _____

MINOR RELEASE

I, _____, give my permission for the designated/ approved church representative or sponsor to secure any needed medical treatment for _____. I release the church and its representatives or sponsors from liability for accidents or injuries during trips and activities.

Parent/Guardian Signature: _____ Date: _____

Signed before me this _____ day of _____, 200_____

Notary _____

Expiration _____

Notary seal required for participants under the age of 18. Form must be signed in the presence of a notary.

This Medical Release is valid for one calendar year from the date signed.