

Medical/Permission and Release Form

Catawba Valley Baptist Church | PO Box 12 Catawba, VA 24070

Personal Information		
Name:	Grade:	
Address:	City:	Zip:
Home/Cell Phone:	Age:	DOB:
Parent/Guardian Information		
Parent/Guardian Name:	Home/Cell Phone:	
Address:	City:	Zip:
Emergency Contact and Medical Information		
Emergency Contact Person:	Contact Phone Number:	
Physician Name:	Physician Phone Number:	
Medical problems/Allergies/Food Restrictions:		
Medications taking:	Tetanus Inoculation Date:	
Activity restrictions, if any:		
Health Insurance Information		
Health Insurance Co.:	Policy Number:	Group Number:
Insurance Co. Phone Number:	Insurance Co. Claim address:	

RELEASE / DISCLAIMER OF LIABILITY

I, _____, in consideration of the benefits derived from my participation in the Short-Term Mission Trip to _____ (hereafter referred to as the "trip") administratively organized by Catawba Valley Baptist Church, Troutville, VA (hereafter referred to as the "church") do hereby voluntarily release, acquit and forever discharge the church and its directors, officers, employees, and agents from all manner of suits, actions, claims, demands, and liabilities which may arise from my participation in the trip.

I recognize that the conditions in some of the places to which I will travel are not the same standard as the conditions to which I am accustomed (i.e. political environments and judicial systems). I realize further that there are certain health and detainment risks as well as other risks to me and my property, and I enter into participation in this trip with knowledge of those risks.

I understand that this document constitutes as full and complete waiver of all possible claims, including claims for negligence in personal injury or property damage, arising out of my participation in this trip.

No provision of this document shall, in any way, limit my right to make claims against persons other than the church, its directors, officers, employees, and agents.

Signature	Date
Parent or Guardian (if under 18 years of age)	Date
Agent of the church	Date

AUTHORIZATION FOR EMERGENCY MEDICAL CARE
(For Adults)

I, the undersigned,

Name

DOB

Do hereby authorize any necessary examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any duly licensed physician or dentist and hospital service that may be deemed necessary should I experience any illness or accident while traveling with the tour group from Catawba Valley Baptist Church of Troutville, VA to _____ (project location). This release is effective from _____ to _____ (trip dates).

Dated this _____ day of _____ (month and year) at _____ (city and state).

Signature