



Trip/Event: _____

Please Print Legibly

Name(Last) _____ (First): _____ Church: _____

DOB: ____/____/____ Age: _____ Sex: Male Female Grade Completed: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In Case of an Emergency, contact (must be a family member – list 2):

Name: _____ Cell #: _____ Day #: _____ Night #: _____

Name: _____ Cell #: _____ Day #: _____ Night #: _____

Medical Profile

Generally my health is: (check one) Excellent Good Fair Poor

List any medical difficulties for which you are CURRENTLY being treated: _____

List any medication you are CURRENTLY taking: _____

List any medicines to which you are allergic: _____

Family Physician: _____

Insurance Company: _____ Policy or Group #: _____
(please attach a copy of the insurance card)

Address (City, State, Zip): _____

Subscriber Name: _____ Subscriber #: _____

Place of Employment: _____ Work Phone: _____

Authorization for Medical Treatment

For myself and on behalf of my participant child under 18 years of age (Participant), I hereby give permission for any physician, hospital, or health care facility to provide medical care, treatment, and/or administer medications to Participant as deemed necessary by a physician and/or the leadership of More 2 Life Student Ministries.

Release of All Claims

For myself and the participant, I hereby acknowledge that we understand that there are risks associated with camps or any Missions project, and we hereby assume all such risks, and for myself and the Participant I hereby release More 2 Life Ministries, and all of its agents from any and all liabilities concerning these risks. I hereby assume personal responsibility for any and all claims and for any and all hospital and medical bills for the Participant and for myself. In the event it is necessary for me, or the Participant, to return home due to disciplinary action, medical reasons, or otherwise, I hereby personally assume full responsibility for all such transportation arrangements and costs.

-Please complete and sign below (students under 18 years of age require parent/custodial signatures)-

Participant Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____