



## MEDICAL LIABILITY RELEASE FORM

Mission Trip to Reynosa, Mexico

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 The Rohi Foundation , its staff and it's sponsor's from liability and responsibility for any injury or illness that I may incur during this short-term 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: \_\_\_\_\_



**MEDICAL LIABILITY RELEASE FORM (Continued)**

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: \_\_\_