

Medical Release

Summer Missionary Training

I agree that _____ may participate in the Summer Missionary Training sponsored by International Children's Outreach. I assure the leadership I am (he/she) is in good health and able to participate. I give my consent for an attending physician or medical center to administer any medical treatment deemed necessary in the event of an emergency. I agree to be held responsible for any charges incurred or to use my own family medical insurance in the event of necessary medical treatment.

Name of Parent or Guardian (if under 18) _____

Phone (daytime) _____ (Evening) _____

Applicant's Signature _____ Date _____

Parent's Signature (if under 18) _____

Name of Insurance Provider _____

Policy or Group Number _____

Are you using any medication? _____

If so, what medications, and what are the instructions for its use? _____

Name of Family Doctor _____ Phone _____

Comments:

