



2019 Family Mission Trip Medical Release Form: Child

Children 7th grade or younger who will be traveling with a supervising adult/guardian.

Name: _____ Age: _____ Grade (completed 2018-19): _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Relationship to Participant: _____

Phone Numbers: home _____ cell _____ Email Address: _____

2nd Parent/Guardian (optional): _____ Relationship to Participant: _____

2nd Phone Numbers: home _____ cell _____ Email Address: _____

Emergency Contact Name: _____ Relationship to Participant: _____

Phone Numbers: home _____ cell _____ work _____

Insurance Company: _____ Phone # : _____

Policy # : _____ Group # : _____

Insurance Claim Address: _____ City: _____ Zip: _____

Name of Policy Owner: _____ Relationship to participant: _____

Medical History and/or Concerns

Please list dates and type of any operations/accidents within the last two years

Circle all that apply (please list treatments below and feel free to make comments):

- | | | | | | | |
|-----------------------------|---------------------|---------------|------------------|--------------|----------|------------------|
| Allergies | Asthma | Clotting | Disorders | Convulsions | Diabetes | Fainting (freq.) |
| Ear Infections | High Blood Pressure | Hypertension | Headaches (freq) | Incontinence | | |
| Insect Sting/Bite Reactions | Joint Problems | Sleep Walking | Upset Stomach | | | |

List all **Food Allergies** or restrictions: _____

List and describe all known **allergic reactions** _____

Are there any other medical issues that we should know about? _____

Medications

Does your child take any medications on a regular basis? Yes No

If yes, please list: _____

If yes, will his/her parent/guardian for the trip be responsible for administering them? Yes No

Does your youth have any emergency or as-needed medications (Benadryl, Epipen, inhaler, etc.) Yes No

If yes, please list: _____

If yes, will his/her parent/guardian for the trip be responsible for administering them? Yes No

Authorization of Minor Medical Care: Do the adult leaders/staff of FCC Plano have permission to give your child Tylenol, Benadryl, Advil, first aid, and/or topical solutions to treat them for minor aches, pains, and ailments as they should become evident? All medications will be administered in accordance with the manufacturer's directions. Yes No

Authorization of Medical Care and Waiver of Liability

In the event of an accident, illness, or medical emergency of _____, I grant
(*participants name*)
permission for the leaders and/or volunteers working with First Christian Church of Plano to obtain proper treatment by a licensed physician or hospital, including injection, anesthesia and surgery. I am aware that I will be responsible for the cost of such treatment.

I understand that during mission trips reasonable safety precautions will be taken at all times by the staff of First Christian Church of Plano, Connect Fort Worth, and Ridglea Christian Church. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Christian Church of Plano, Connect Fort Worth, Ridglea Christian Church or its leaders, employees or other volunteer staff liable for damages, losses, or injuries incurred by the participant on this form.

I, the undersigned, do hereby verify that the information I supplied on this form is correct and I do hereby release and forever discharge all Staff and Leaders of First Christian Church of Plano, from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in the mission trip to Connect Fort Worth Sunday, June 2 through Friday, June 7, 2019.

This form does not need a notary, but you must have a witness other than a family member sign it.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Signature of Witness: _____ Date: _____

Printed Name of Witness: _____