

Medical Release Form

The undersigned, does hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger the undersigned's life, cause disfigurement, physical impairment, or undue discomfort if delayed, while undersigned (and/or children and/or minors) is participating in "Mission Church activities" or while at Faith Mission International.

List any specific allergies, chronic illness or other medical condition participant may have:

Print Participant's Name: _____

Participant's or Parent's Signature (if applicant is a minor) _____

Group Leader's Signature: _____

Date Signed: _____