

Mission for Haiti, Inc.

Permission, Medical Release Form

Participant | Date Information

Date of Mission Trip: _____

Name: _____

Address: _____ State: _____ Zip: _____

In Case of Emergency . . .

➤ Phone Numbers

Home phone (spouse | parents): _____

Work or cell phone (father): _____

Work or cell phone (mother): _____

Other phone number(s): _____

➤ Health Insurance Information

Insurance Company name: _____

Policy number: _____

➤ Medical Information

Allergies, handicaps, etc.: _____

Current medications(s): _____

Doctor(s) name, address, and phone: _____

Signatures

By signing below, the parent/guardian grants permission for the individual named above to participate in the Mission for Haiti, Inc. mission trip. The parent/guardian acknowledges and accepts the risks of physical injury which could be incurred in this activity. Except for gross negligence on the part of the sponsor, the parent/guardian accepts personal financial responsibility for any bodily or personal injury sustained during the mission trip. Further, the parent/guardian promises to hold harmless Mission for Haiti, Inc. and its representatives for any injury related to the activity.

Team member's signature: _____ Date: _____

Parent or guardian's signature: _____ Date: _____

Team Member: *Make two copies of your completed form and give to your team leader by the published deadline.*

Team Leader: *Leave one set of all forms with responsible person in the States. Take one set with you to Haiti.*