

BELIZE MISSION

Medical & Liability Release Form

As the parent/legal guardian of _____, permission is hereby given for my child to attend R U Red E? Ministries Mission to Belize. I understand and acknowledge that participation involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify R U Red E? Ministries, The River's Edge Community Church, Youth Ministers, and Volunteers for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in as a result of any damage or injuries caused by my child in the course of his or her participation in this Mission Trip. I further give my consent that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

Childs Legal Name _____ Date of Birth _____

Date of last Tetanus Booster _____

Known allergies including any allergies to medicine (Continue on back of form if needed)

Any other medical problems, which should be noted? (Continue on back of form if needed)

Name of Parent / Guardian: _____

Address _____ City/State/Zip _____

Phone Home _____ Work _____ Mobile _____

Person responsible for charges (if different from above) _____

Address _____ City/State/Zip _____

Phone Home _____ Work _____ Mobile _____

Person to notify if parent/guardian is unavailable: _____

Phone Home _____ Work _____ Mobile _____

Family Physician _____ Phone _____

Insurance Carrier & Policy Number _____

Signature of Parent _____ Date _____

Signature of Witness _____ Date _____