



Youth Medical Release
For completion by the parents of all participants under the age of 18

Parents Names: _____ Parent Home Phone: _____

Parents Work Phone: _____ Parents Cell Phone #s: _____

Emergency Contact Other Than Parent: _____ Relationship: _____

Emergency Contact Daytime Phone: _____ Evening Phone: _____

Insurance Information

Company: _____ Policy type: _____

Phone: _____ Policy #: _____

Project (other than U.S.) participants **must have insurance coverage outside the U.S.**

Medical Information

List all prescription medication(s) you will bring on the project: _____

_____ For what condition(s)? _____

Date of last tetanus shot (this must be within ten years): _____

Date of Hepatitis A inoculation (this is **not** required, but recommended): _____

List any physical disabilities or limitations: _____

List any known allergies and reactions: _____

List any major illnesses in the past year: _____

Have you fainted or passed out? _____ When? _____ Why? _____

Do you have any eating disorders? _____ If yes, have you ever received counseling? _____

For Completion by Physician

I have examined _____ and find him/her to be in good general health and physically able to take part in the mission trip to _____ on (dates) _____ to _____.

Doctor's signature : _____ Date: _____

Parental Release

In an emergency, illness, injury, or accident which requires medical attention, we give our permission to Idlewild Baptist Church, its agents, officers, volunteers, directors, employees and affiliates (collectively "Idlewild") as well as all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physician's assistants, doctors and paramedics) for our minor child to receive medical treatment, to hospitalize, anesthetize, or perform surgery as is determined to be in his or her best interests. We understand that every effort will be made to contact us before these actions are taken but we also understand that in the event of an emergency, that may not be possible or practical. We, the undersigned, do release and discharge from, and covenant not to sue, Idlewild for any and all actions, damages or claims arising out of the treatment of any illness, injury, or loss incurred by our child and, therefore by us, during participation on the trip even if any such illness, injury or accident is caused by the negligence of Idlewild and any attending health care professionals. It is the intention of this release that Idlewild incur no liability whatsoever while attempting to meet all medical needs that our child may require during the trip/ project.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

State of _____, County of _____. Sworn to and subscribed to me this ____ day of _____, 20____.

Notary Public signature: _____ My commission expires: _____