

**New Hope Presbyterian Church
Summer Mission (Student) Medical Release Form
Please fill out and email to tpucciano@newhopepres.org**

Student's Name _____

Age _____ Date of Birth _____

Date: June 18th-June25th Pescadero Baja Mexico with Group International Missions.

Medical Emergency/Consent

I, _____, being the parent or legal guardian of
_____, give my consent for emergency medical
and surgical treatment in a licensed medical facility by a licensed physician should my
child's condition require it in my absence. I understand that in such a case, reasonable
attempts would first be made to contact me time and conditions permitting.
I confirm to New Hope Presbyterian Church that my child is in good health and that
his/her participation does not pose a hazard to his/her health or that of participating
students. As long as the medical or surgical treatment considered necessary in the
situation is in accordance with generally accepted standards of medical practice for the
particular type of injury or illness involved, I impose no specific prohibitions regarding
treatment unless stated here

My son/daughter has the following medical condition(s) which may require emergency care
including allergies and/or drug allergies

Signature of Parent _____ Date _____

EMERGENCY CONTACTS FOR DAYS OF EVENT

Mother/Guardian _____ Work Phone _____ Home Phone _____

Father/Guardian _____ Work Phone _____ Home Phone _____

Medical Insurance Carrier _____ Policy # _____

** Please attach a copy of your medical insurance card with this waiver**

**New Hope Presbyterian Church
Summer Mission (Adult) Medical Release Form**

Leader's Name _____

Age _____ Date of Birth _____

Date: June 23rd-June 29th, 2019 Panama City, Florida with Experience Missions.

Medical Emergency/Consent

I, _____, being the participant and adult going on the Costa Rica Mission Trip give Tammy Pucciano or Jordan Warntjes (the "Authorized Parties") permission to give consent for medical treatment for myself in the event of a medical emergency, and I am unable to speak for myself to provide informed consent at the time of such medical emergency during the Costa Rica Mission Trip; provided that in all cases such medical treatment shall be by a licensed medical provider and at a licensed medical facility. Such consent for medical treatment may be given by the Authorized Parties for surgical treatment should the licensed treating physician advise that my condition requires it I understand that in the event of such a medical emergency, the Authorized Parties will make reasonable attempts to contact my spouse or caregiver prior to providing such consent if time and conditions permit. The Authorized Parties are authorized to provide the consent provided herein during the Costa Rica Mission Trip and for that time period after that is reasonably necessary to either: (i) secure safe travel for myself to the United States; or (ii) my spouse or caregiver is able to provide informed consent on my behalf as required by the medical facility, whichever is earlier.

I confirm to New Hope Presbyterian Church that I am in good health and that my participation does not pose a hazard to my health or that of other participating students and adults. As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here:

I have the following medical condition(s) which may require emergency care including allergies and/or drug allergies

Signature of Self _____ Date _____

EMERGENCY CONTACTS FOR DAYS OF EVENT

Spouse or Caregiver _____

Mobile Phone _____

Home Phone _____

Medical Insurance Carrier _____

Policy # _____

Group # _____

**** Please attach a copy of your medical insurance card with this waiver****