IMPACT Ministries

MEDICAL RELEASE FORM

	/ /		YES	or 1	ON
Name	Birth date	Age	C	an you swim	?
Street Address	Home Phone	ome Phone Work Phone			
City, State, Zip	Ema	ail address			
	Mission Trip to	ission Trip to Myrtle Beach			
Parent or Guardian's Name (if under 1		•	Dates		
Physician's Name:					
Physician's Address:	City_		State	Zip	
Physician's Phone: (Day)					
Date of Last Tetanus or Booster Shot: _					
List any medical conditions for which y	you are currently being treated:				
Medications currently being taken: List any allergies:					
I give permission for		[n	name of pers	on] to be trea	ted
by a licensed physician if medical treats consent to medical procedures diagnose		se of surgical	l emergency		
By affixing my signature below, I do he board of IMPACT Ministries, Myrtle B (the releases) from all claims of losses, participating in the missions program of Campground Ministries. I further agree	Beach Campground Ministries, and injuries, damages, and/or death of IMPACT Ministries, The board	nd all agents that may resu d of IMPAC	and represent alt in me or T, and Myrt	ntatives there my child le Beach	of
Signature Ins	surance Company Po	licy Number	·	Date	
(if under 18, must be Signed by Parent	or Guardian)				
Notarized By: Date Notarized:					

[After the mission trip all medical forms will be shredded for the person's safety.]