

Kirk of the Hills Presbyterian
Adult Release and Medical Authorization Form

Name _____ Male _____ Female _____

Address _____

City _____ State _____ Zip _____ Phone _____

Date of birth _____ Email Address _____

Activity- Kirk of the Hills Mission Trip

Location: _____

Dates: _____

By my signature below, I hereby release Kirk of the Hills, Presbyterian from any liability in connection with my voluntary participation in the above-stated Kirk of the Hills activity. I further recognize that my participation includes travel to and from said activity, and Kirk of the Hills is released from any liability in connection therewith.

In case of emergency, I hereby give permission to the physician selected by a representative of Kirk of the Hills, Presbyterian to arrange for medical care and to give oral or written consent in my behalf for medical treatment by a licensed physician.

This release and authorization form is valid for the above-stated Kirk activity.

Signature _____ Date Signed _____

Witnessed by _____ Date Signed _____

Family Physician:

Name _____ phone() _____

Address _____ Zip _____

Allergies _____

Presently taking the following medication: _____

Reason for taking medication: _____

Medical Insurance Company: _____

Policy Number _____

Family member or friend to call in case of emergency:

Name _____ Phone _____

Beneficiary for trip insurance purposes:

Name _____ Phone _____

Relationship _____