



reaching hearts for kids

PANAMA MISSIONS - 2017

Adult Medical Release Form

Terms, Release, and Consent for Medical Treatment – Adults 18+ YEARS OLD ONLY

Permission: : I _____, am a participant in the Reaching Hearts for Kids, Mission Trip to Panama, July 23 - Aug 03, 2017. This entire form shall remain in effect beyond the listed dates for events which are related to or which extend this trip. I understand transportation to and during this mission trip will include airplanes, buses, cars, vans and/or trucks.

Conditions: I agree to assume all financial responsibility resulting from my actions requiring additional expenses; including but not limited to damages to the property of others and all additional costs should it become necessary for me to return home early. It is understood, if medical care is required, my/our family's insurance is the primary insurance coverage and travel insurance included in the price of the trip, is secondary insurance subject to payment limits, paying after our regular medical coverage. Further, while the travel insurance provides limited emergency evacuation coverage I understand the world is a dangerous place and assistance from anyone in the event of an emergency evacuation situation is not guaranteed.

Privacy Release: I hereby authorize any medical practitioner, hospital, facility, insurance company or any other person or entity that has medical records or knowledge of medical records of me, the undersigned to release such information to and to discuss said information with, medical practitioners, hospitals, facilities, group leaders or insurance companies providing or assisting with treatment during the above listed trip. The privacy of this information will be guarded by the Reaching Hearts Church Mission Team as required by law.

Release and Consent for Treatment: I hereby release Reaching Hearts Church, its staff and chaperones, from liability and to indemnify and hold harmless for any injury, illness or any other event or loss arising from my participation in this activity. I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray; examination; medical, dental or surgical diagnosis; treatment; dispensing of medication including non-prescription medication; and hospital care advised and supervised by a physician, surgeon, nurse or dentist (as appropriate) licensed to practice either in the United States or in the country where services are rendered. The information provided below is detailed and complete, it maybe fully relied on in the treatment of me. In the event of an emergency, I expect to be contacted as soon as possible. I have read this form, I understand that it waives certain rights and I am signing it voluntarily.

Allergies including food allergies _____ Medications - *including as needed & over the counter items (allergy, inhaler)* _____

Recent Illnesses or Injuries _____

Medical conditions or physical handicaps _____

Other information we should know including surgeries that might be relevant to mission service while in Panama.

Physician _____ Physicians Phone # _____

Medical Insurance Co _____ Member's Name _____

Group # _____ Group Name _____ Policy # _____

Signature _____ Printed Name _____

Date Signed _____ Date of Birth _____

Signature of Parent or Legal Guardian _____ Printed Name _____

NOTE: Parent signature is required if participant is included in your family insurance plan.