

XYG Missions Trip 2022 - Medical Release Form

We will bring this medical release form along with us to Puerto Rico.

Student Name _____ Parent Name _____

Parent Contact Numbers

Day: _____ Evening: _____ Cell: _____

Emergency contact other than listed above: Name _____ Phone _____

Medications _____

*** Please photocopy back and front of insurance card and attach information here.**

I hereby give my permission to the physician, dentist or professional selected by activity organizers or representatives to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the student named on this form. A photocopy or facsimile of this authorization is as valid as the original. I understand that all medical/accident expenses are the sole responsibility of parents/guardians and their respective insurance companies.

I further agree to direct my child to comply with the policies of the activity organizers and their personnel. I realize that if my student does not comply with said practice, he/she may be sent home from the facility or activity at my, the parent or legal guardian's, expense.

Parent Signature

Date

This mission trip and its activities are sponsored, organized, and supervised by the St. Thomas Reformed Church, a recognized IRS non-profit 501(c)(3).