

**KIRBY WOODS BAPTIST CHURCH – MEDICAL AND LIABILITY RELEASE
FOR CHURCH-SPONSORED MISSION TRIPS**

(To Be Submitted to Missions Office)

MISSION TRIP TO _____ **DATES:** _____

Name: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

In Emergency Notify: _____ Phone: _____

Personal Physician: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

HEALTH/HOSPITALIZATION INSURANCE:

Do you have health/hospitalization insurance? _____ Yes _____ No

Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Group or Policy Number: _____ Personal ID Number: _____

Beneficiary: _____ Relationship of Beneficiary to Insured: _____

Our church's liability insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness while you are on this church sponsored mission trip.

HEALTH HISTORY:

Blood Type: _____

Have you experienced any of the following health conditions? Is so, please give details.

- | | | |
|--|-----------------------------|--------------------------------|
| 1. ___ Heart disorder | 6. ___ Respiratory disorder | 11. ___ Diabetes/Hypoglycemia |
| 2. ___ Digestive disorder | 7. ___ Skin disorder | 12. ___ Asthma/Sinus/Allergies |
| 3. ___ Nervous disorder | 8. ___ Back/Neck disorder | 13. ___ Epilepsy |
| 4. ___ Metabolism disorder | 9. ___ Urinary disorder | 14. ___ Cancer |
| 5. ___ Blood circulation disorder | 10. ___ Emotional disorder | 15. ___ Hepatitis |
| 16. ___ Allergic reaction to any drugs. List and describe reaction (rash, shortness of breath, etc.) | | |

CURRENT MEDICATIONS (both prescription and over-the-counter medications):

<u>Name of Medication</u>	<u>Dosage (strength, frequency)</u>	<u>Reason for taking medication</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**In the event that I cannot respond to an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia or surgery or deemed necessary.* Signed: _____*

LIABILITY RELEASE:

Every mission trip sponsored by Kirby Woods Baptist Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing, the mission team member agrees to assume and accept all risk and hazards inherent in this church-sponsored mission trip. He or she also agrees not to hold Kirby Woods Baptist Church or its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. The mission team member understands that he or she is signing this form for both a medical and liability release.

Mission Team Member: _____ Date: _____