

DTI Medical Release Form

IMPORTANT: This form must be notarized prior to mailing. All participants must have a health insurance policy in place prior to their arrival.

Personal / Medical Information

Name: _____ Home Address: _____
City: _____ State: _____ Zip: _____ Telephone: (____) _____
Age: _____ Birth Date: _____ Gender: _____ T-Shirt Size: S M L XL XXL
Church Name: _____ Telephone: (____) _____ Trip Date: _____
In Case of Emergency: Parent/Guardian Names: _____ Telephone: (____) _____
Address: _____ City: _____ State: _____ Zip: _____
Alternate Telephone (____) _____ Alternate Contact Name: _____

Check the following box if any of these have ever applied to you. For additional comments, indicate the item number and explain.

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> 1. Food Allergies | <input type="checkbox"/> 6. Epilepsy | <input type="checkbox"/> 11. Drug Allergies | <input type="checkbox"/> 16. Other Allergies | <input type="checkbox"/> 17. Other (please explain) |
| <input type="checkbox"/> 2. Asthma | <input type="checkbox"/> 7. Hay Fever | <input type="checkbox"/> 12. Currently Pregnant | Comments: _____ | |
| <input type="checkbox"/> 3. Bee/Wasp Reaction | <input type="checkbox"/> 8. Heart Trouble | <input type="checkbox"/> 13. Physical Handicap | | |
| <input type="checkbox"/> 4. High Blood Pressure | <input type="checkbox"/> 9. Diabetes | <input type="checkbox"/> 14. Regular Medication | | |
| <input type="checkbox"/> 5. Dizziness or Fainting | <input type="checkbox"/> 10. Respiratory Problem | <input type="checkbox"/> 15. Operation in Past Year | | |

Date of Last Tetanus Shot: _____ Insurance Carrier: _____ Policy #: _____

PARENT/GUARDIAN RELEASE

(If missionary under 18 years old)

As the parent/legal guardian of the above named minor, I give my permission for him/her to participate in the Cottage Cove mission trip mentioned above. I certify the above information is correct and that I have read the liability waiver and release form attached. In an emergency, I give my permission to secure ambulance transportation as required. I additionally give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery on my child, named above. I understand that every reasonable effort will be made to contact me before these actions are taken.

Signature: _____

Date: _____

Relationship: _____

MISSIONARY RELEASE

(If missionary 18 years old or older)

I acknowledge that I am a willing participant in the Cottage Cove mission trip mentioned above. I certify the above information is correct and that I have read the liability waiver and release form attached. In an emergency, I give my permission to secure ambulance transportation as required. I additionally give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery on me. I understand that every reasonable effort will be made to locate my emergency contacts before these actions are taken.

Signature: _____

Date: _____

Notary Public: THIS FORM MUST BE NOTARIZED, including parent signatures for missionaries who are minors and signatures of all other missionaries.

State of: _____ County of: _____

Sworn to and subscribed to me this _____ day of _____, 20____.

Signature: _____ My commission expires: _____



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