

# HANDS OF HOPE



## Medical Release Form

***\*\* This form must be kept with group leader at all times. DO NOT MAIL back to Hands of Hope.\*\****

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ SS # \_\_\_\_\_  
Church Name \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
Church Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Contact in case of emergency:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Medications you are currently taking: \_\_\_\_\_  
Medications you are allergic to: \_\_\_\_\_  
Allergies or special health problems we need to know about: \_\_\_\_\_  
\_\_\_\_\_

Family Doctor Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Policy Holder Identification # \_\_\_\_\_

***\*\*A photocopy of front & back of your insurance card must be attached to this sheet\*\****

In the event of an emergency situation in which medical treatment is required as a result of participation in any **Hands of Hope** activity, every reasonable effort will be made to contact the persons listed above. If unsuccessful in contacting the persons listed above, consent/permission is given for treatment by competent medical personnel.

Further, consent/permission is hereby given to the following persons (in priority order) to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery under recommendation of qualified medical personnel.

1. \_\_\_\_\_ 2. \_\_\_\_\_

I also agree that my insurance company will be used for such medical care and I am aware that I may be billed by the medical provider for any medical treatment not covered by my insurance.

Signature of Parents or Guardians of Participant under 18 years of age:

1. \_\_\_\_\_ date \_\_\_\_\_ 2. \_\_\_\_\_ date \_\_\_\_\_  
\_\_\_\_\_ print name \_\_\_\_\_ print name

Signature of Participant that is 18 years of age or older: \_\_\_\_\_ date \_\_\_\_\_

***\*\*This form must be notarized\*\****

Seal \_\_\_\_\_ Signature of Notary  
\_\_\_\_\_ Date  
\_\_\_\_\_ Date Term Expires