MEDICAL RELEASE FORM
for
SHORT-TERM MISSION TRIPS

I , the undersigned mission trip team member, _____ and, where applicable (for minor team members), parent or guardian, do hereby authorize the mission team leader and/or facilitator as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, surgical diagnosis, or treatments, and hospital care which is deemed advisable by and rendered under the general or special supervision of any licensed physician, and surgeon in the case of emergency or in such case that I do not have the capacity to render such a decision.

It is understood that this authorization is given in advance of any specific diagnostic treatment of hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his/her best judgment, deem advisable.

I also grant permission for medical treatment by team leaders for minor complaints not needing professional medical intervention, such as, but not limited to, headaches, insect bites, stomach problems, coughs, nasal congestion, cuts, and abrasions.

_____ _____
Team Participant Date

_____ _____
Witness Date

Sworn to and subscribed before me this _____ day of _____.

_____ **My commission expires on _____.**
Notary Public

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