



MEDICAL INFORMATION AND LIABILITY RELEASE FORM

Emergency Contact Information:

In the following section, please list a family member as an emergency contact person. The second person will be notified if your next of kin cannot be reached.

Name of Participant: _____ Date of Birth: ____/____/____ (dd/mm/yyyy)
 Address: _____ Home Phone #: (____) _____
 City: _____ Province: _____ PC: _____ Daytime/Cell Phone #: (____) _____
 Secondary Contact: _____ Relationship to Participant: _____
 Home Phone #: (____) _____ Daytime/Cell Phone #: (____) _____

Health Record and Medical Information:

The Ontario Conference of the Seventh-day Adventist Church is required by law to obtain the following health information before accepting a mission trip participant.

Your Physician: _____ Office Phone #: (____) _____
 Health Card #: _____ Insurance Carrier: _____ Group #: _____

Do you have any medical restrictions? No Yes Do you have any activity restrictions? No Yes

Explain (attach note): _____ Explain (attach note): _____

Year of Immunizations (if applicable): DTP _____ Tetanus _____ Polio _____ MMR _____

HISTORY	ALLERGIES	MEDICATIONS
<input type="checkbox"/> Sore throats <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Sinusitis <input type="checkbox"/> Heart trouble <input type="checkbox"/> Bronchitis <input type="checkbox"/> Diabetes <input type="checkbox"/> Fainting <input type="checkbox"/> Asthma <input type="checkbox"/> Stomach Upset <input type="checkbox"/> Bed wetting <input type="checkbox"/> Kidney Trouble <input type="checkbox"/> Special Dietary Needs <input type="checkbox"/> Convulsions Other: _____ Explain: _____ _____ _____	<input type="checkbox"/> Drugs <input type="checkbox"/> Plants <input type="checkbox"/> Animals <input type="checkbox"/> Foods <input type="checkbox"/> Bee/Insect Stings Antidote: <input type="checkbox"/> Benadryl <input type="checkbox"/> Anakit <input type="checkbox"/> Epikit <input type="checkbox"/> Other <input type="checkbox"/> Administered by other <input type="checkbox"/> Self-care Other: _____ Explain: _____ _____ _____	Are you currently taking medication? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain: Drug Name _____ Dosage _____ Times _____ Permission to administer: <input type="checkbox"/> Tylenol Plain <input type="checkbox"/> Aspirin <input type="checkbox"/> Nil _____

Medical, Photography, Videography and Liability Release:

I am willing to participate in a short-term mission trip coordinated by the Ontario Conference. I understand and acknowledge that certain risks of injury, loss, damage or harm are inherent to participation in this mission activity. I release the Ontario Conference of the Seventh-day Adventist Church, its officers, employees, agents, and volunteers from liability in case of accident or illness. I support and agree to abide by all the rules and regulations set for the mission trip. I understand that I may be photographed and videotaped and release all rights for publication and advertising. In case of emergency I give permission to the mission team leader or his/her designee to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for me / or my child. (If participant is a minor, a parent/guardian's signature is needed signifying consent to all the above matters):

Participant's Signature _____ Date _____

Parent/Legal Guardian's Name: _____ Signature: _____