

Medical History and Release Form

Name: _____ DOB: _____

Current Health Concerns: _____

Current Medications: _____

Drug Allergies: _____

Insurance Information:

Name of Provider: _____ Phone number _____

Policy Number _____

(Please provide a photo copy of your insurance card)

Emergency Contact Information

Name: _____ Relationship to you: _____

Home Phone Number: _____ Email: _____

Work Phone Number: _____

Cell Phone Number: _____

Health Release:

(To be completed by legal guardian of child under the age of 18)

I, _____, the legal guardian of _____,
hereby authorize the leadership of _____ (your church or
group name) to administer medications, seek necessary medical attention, and make
general health decisions for my child during his/her participation with Outreach
Ministries Short Term Mission Project, Costa Rica.

(Signature of Legal Guardian)