

Form D – MEDICAL RELEASE

The First United Methodist Church of Lawrence
946 Vermont, Lawrence, KS 66044 • 785-841-7500

Country _____ Trip Dates _____

I, _____ authorize _____,
(participant) (another adult on trip)

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment and/or hospital care rendered to me under the general or specific supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the mission trip identified above.

My medical information and history, including physician and insurance information, have been provided in the signed medical information form required in order to participate in this mission trip, which I confirm is accurate.

Signature _____ Date _____

NOTARIZATION OF MEDICAL RELEASE FORM

State of _____ County _____

On this _____ day of _____, _____ (year), before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____ County _____

State of _____ Commission Expires _____