

Love The Child  Amor Del Niño

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Medical Information

I am free from any medical problems which would cause difficulty on this trip

I have the following chronic medical condition(s) _____

I have the following physical limitation(s)/disability/restriction(s) that might cause a problem on this trip _____

I have the following allergies (include foods/medicines) _____

I am currently taking the following medications _____

Medical Insurance Company: _____ Group Name/Number: _____
Policy Number: _____ Phone Number: _____
Name of Policy Holder: _____

Primary Care Physician: _____ Phone Number: _____

Consent for Medical Treatment and Hold Harmless Agreement

I _____ (parent/guardian or adult participant) hereby release Love The Child and Amor Del Niño, its employees, Officers, and Directors from any and all damages, injuries, medical expenses or other damages arising from any medical event or or injury suffered during my and/or my child’s mission trip with Love The Child.

In the event of an emergency, medical event or injury requiring medical treatment, I give permission to Love The Child, its employees or representatives to act on my and/or my child’s behalf to authorize and/or administer needed emergency, medical or hospital treatment. In the event of such an emergency, Love the Child will notify the following emergency contact(s) as soon as reasonably possible.

Signature: _____ Date: _____
(Parent, guardian or adult participant)

Printed Name: _____ Participant Name (if minor) _____

In event of emergency, contact:

Name _____	2 nd Name _____
Relationship _____	Relationship _____
Home phone number _____	Home phone number _____
Work/cell number _____	Work/cell number _____
e-mail _____	e-mail _____