

**Medical Insurance &
Emergency Contact Information**

Name: _____

Address: _____

Date of Birth: _____

Emergency Contact: _____

Relationship to Participant: _____

Day & Evening Phones: _____

Insurance Company: _____

Policy Number: _____

Authorization for Medical Treatment: In case of illness or injury, any duly licensed physician is hereby authorized to provide appropriate and necessary medical treatment for my child. Any hospital emergency department and/or any member of the hospital medical staff requested by such physician is authorized to make such examinations and render such medical and/or surgical treatment deemed necessary. If my insurance company requires hospital admission certification, the contact telephone number is _____.
By signing below, I am authorizing medical care for my child in the event of sickness or injury.

Student Name: _____

Parent Signature: _____

Release of Liability

I understand that Son Servants is a ministry of Youth Conference Ministries, Inc. By signing below, I am executing a release of liability from Youth Conference Ministries, Son Servants Ministry, housing facility and any associated agencies or services connected to the aforementioned ministries.

Student Name: _____

Parent Signature: _____

Immunizations

Son Servants Ministry requires that trip participants must have an updated Tetanus shot.

Current Medications (& Dosage) _____

Allergies / Medical Conditions _____

Notarization

Sworn to and subscribed before me on the _____ day of _____, 20____.

NOTARY PUBLIC

My commission expires: _____

FPCN Custom Mystery Mission Trip
June 20-27, 2018

Medical Form