

Diocese of Grand Rapids
MEDICAL TREATMENT RELEASE FORM
FOR FIELD TRIP PARTICIPATION - ADULTS

Return form to:

St Thomas the Apostle-Faith Formation, Youth Ministry
1449 Wilcox Park Dr. S.E.
Grand Rapids, MI 49506

Note: This form must be signed by a Notary (because often times we travel out of state) and submitted for each adult attending. This will be kept on file at the Youth Ministry Office.

*******Statement of Medical Release*******

To Whom It May Concern:

As an adult, I do hereby authorize first aid/medical treatment of myself in the event of an emergency, which may endanger my life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach family members as soon as reasonably possible.

Name of Adult: _____

Reason for which release is intended: Emergency medical treatment during Youth Ministry events.

Address: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Family Physician: _____ **Phone:** _____

Address: _____ **City:** _____

List allergies, medications, contacts, or other pertinent comments: _____

Health Insurance Co: _____ **Policy:** _____

Group: _____ **Contract:** _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances.

I certify that I am the person having signed this Release, and I agree to the above terms.

Signature: *(must be signed in front of a Notary Public for out-of-state travels)*

(Adult)

Signature Notary Public: _____

Subscribed and sworn to before me on this _____ day of _____, in the year of _____

State of _____ County of _____

My Commission expires: _____