

ADULT MEDICAL RELEASE FORM

(For Group Trips Sponsored by Global Partners in Peace and Development)

Name of Participant _____
 First Middle Last

Street Address _____

City, State & ZIP _____

Phone # _____ Email _____

Date of Birth _____ Passport #: _____

Name of Insurance Company _____ Policy # _____

Emergency Contact Person _____ Phone # _____

Emergency Contact Person #2 _____ Phone # _____

Beneficiary (for insurance purposes)/Relationship _____

Please list any medical Allergies:

Please list any medications being taken:

Please list any medical problems, or other pertinent information:

WAIVER OF LIABILITY / CONSENT TO TREAT STATEMENT

I release Global Partners in Peace and Development, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained while participating in the activities of Global Partners in Peace and Development. *I understand that, in the event medical treatment is required, every effort will be made to notify the emergency contact person. However, if they cannot be reached, I give my permission to Global Partners in Peace and Development or an Associate to secure the services of a licensed physician to provide the care necessary, including, anesthesia, for my well-being.*

Name of Participant _____

Activity (Mission Work) _____ Haiti Mission Work _____

Dates of Activity _____

Signed _____ Date _____