

Adult

Summer Missions Project Information Form

Consent to Medical and Surgical Care. In the event I sustain any illness or injury while traveling to or from or while attending Summer Mission Project, I hereby give my consent for any licensed physician, hospital or other emergency care facility or provider to render such medical, surgical and hospital care including but not limited to diagnostic procedures, surgical procedures, the administration of anesthetics, and the administration of drugs or other medicines, as determined to be reasonably necessary by a licensed physician or surgeon who has examined me. I further give my consent for any licensed physician, hospital or other health care provider who renders care to me submit a claim to my insurance company with all medical records necessary to receive reimbursement for such care. I further agree to assume financial responsibility for any service not covered by my insurance company. I certify that, to the best of my knowledge, the medical information below is correct and accurate.

Allergy Alert: I have the following allergies:

Medication Alert: I am currently taking the following medication(s):

Date of last Tetanus Booster: _____

Insurance Information:

Company Name: _____

Address: _____

Identification Number: _____

Policy Number: _____

While I am on SMP my family can be located at the following:

Address: _____

Home Phone: _____ Work Phone(s): _____

Cell Phone(s): _____

If you are unable to reach them, my Emergency Contact:

Name: _____

Phone/Cell: _____

Relationship to me: _____

Signature: _____ Date: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone(s): _____