GO TEAM MEDICAL RELEASE FORM

Project Info

Age Group (check one): ☐ Senior High ☐ Adult ☐ Collegiate ☐ IBSA staff ☐ Group Leader

Group Leader:_____ Project Location:_____Travel Dates:_____

Participant Info

Name (Last) (First) Date of Birth Age Sex

Home Address City State Zip

Home Phone Work Phone Grade Completed

Emergency Contact: Email Day Phone Night Phone

Passport # Country/State/City of Issue Expiration Date Social Security No.

Medical Profile

Generally, my health is (check one): ☐ Excellent ☐ Good ☐ Fair ☐ Poor

If **Fair** or **Poor**, please explain your condition:_____

_____

List any medical difficulties for which you are CURRENTLY being treated:_____

List any medication you are CURRENTLY taking: _____

List any medicines or substances to which you are ALLERGIC:_____

Family Physician:_____ Physician's Phone: _____

Physician's Address:_____

Dates of **Tetanus Immunization**: _____/_____/_____(must be within 10 years) Blood type:_____

Authorization for Treatment/ Release of Claims

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the Coordinator and the physician or hospital staff during the Project. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, employees, and agents the of Illinois Baptist State Association (IBSA) from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age) and do certify I have secured primary medical insurance (for myself or my child under 18 years of age). I understand that supplemental medical insurance is provided for each participant through Adams and Associates. Further, should it be necessary for me or my child to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Participant Model Release

I, the undersigned, do hereby consent and authorize the IBSA, or any of its representatives, to use and reproduce photographs, film, video, or other electronic imaging of me and information relating to my circumstances for present and future fundraising and advertising purposes. I further agree to allow the IBSA to use my name and any other information provided by me during interviews and conversations, unless otherwise stipulated, for present and future fundraising and advertising purposes. I waive any right that I may have to approve the photographs, film, video, or other electronic imaging or background copy which may be used or to approve the use to which it may be applied.

Minor Release

I, the undersigned, do release my child to travel with the designated Group Leader to the designated location. I guarantee that my child is able to provide funds for the travel expenses and return to the U.S.

Please complete and sign below (youth 17 and under requires both parent/custodial signatures)

Participant's signature:_____ Date: _____/_____/_____

_____ Date: _____/_____/_____

Father/Custodial parent signature Phone

_____ Date: _____/_____/_____

Mother/Custodial parent signature Phone

Notary Public

On this _____ day of _____, 20_____, personally appeared before me _____ and in my presence executed the foregoing permission and release form. Witness my hand and official seal this _____ day of 20_____. My commissions expires _____.

_____Notary Public