STUDENT MEDICAL RELEASE FORM

(For Group Trips Sponsored by Mission LINK International)

Name of Participant _____
First Middle Last

Street Address _____

City, State & ZIP _____

Date of Birth _____ Phone # _____

Emergency Contact Person _____ Phone #_____

Name of Insurance Company _____ Policy # _____

Please list any medical allergies you have:

_____

_____

Please list any medications being taken:

_____

_____

Please list any medical problems, or other pertinent information:

_____

_____

*As legal guardian, I hereby give the leaders of Mission Link International (MLI) the legal right to administer and/or to seek treatment for my child in the event of sickness or an accident or any type of medical emergency. My signature at the bottom of this document (as witnessed by **a notary public**) declares that I will not hold MLI or its workers liable for their actions/ decisions, giving MLI and its workers the authority to act on my behalf of my child.*

WAIVER OF ANY AND ALL LIABILITY

*Under no circumstances will I hold Mission Link International liable <u>for anything</u> that may happen to my child while he/she is on this mission trip. As legal guardian, my signature at the bottom of this document (as witnessed by **a notary public**) declares my complete understanding of and willful submission to this agreement.*

I, the parent or legal guardian of the child named below, release Mission Link International, together with the adults in charge, from any and all claims resulting from sickness, injury, damage or death that may be sustained by my child while on this mission trip.

Name of Child/Student Participating _____

Activity (Mission Work) _____

Dates of Mission Trip _____ Through _____

Signed _____ Date _____
(Parent or Legal Guardian)