

GMTC Short-Term Missionary Release Form

Summer Missionary's Name: _____ Phone #: _____

Address: _____

City/ST/ZIP: _____

I give my permission for the above named person to join Gospel Ministries to Children's Outreach Team, which includes any training programs and Missionary trips associated with the work of GMTC. I understand that they may be either driving from site to site or riding with a licensed driver who is part of the Summer Outreach Team. This will also include recreational activities involved during off hours.

I hereby release Gospel Ministries to Children Greater Pocono Area, its staff and supporters, from responsibility and liability for any injury or illness that the above named person may sustain during this program. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of parent or legal guardian: _____

Date: _____ Emergency Phone Number: _____

MEDICAL INFORMATION

Allergies: _____

Medications being taken: _____

Physical handicaps or limitations: _____

Medical Insurance Company: _____

Policy #: _____ Member's Name: _____