

Mechanicsville Christian Center Mission Medical Information Form

MINOR ONLY SECTION (UNDER AGE 18)

What over the counter medicine do you usually give to your child to treat:

Headaches _____ Stuffy nose _____ Upset stomach _____ Sore throat _____

Any other information you feel the leaders should know in advance about your child _____

IF YOUR CHILD MUST BRING MEDICINE ON THE TRIP: All medicine must be in the original package, clearly marked with your child's name and dosage information. Please inform the team leader of any medication your child is taking.

The health history as given on this LINK Niger Mission application is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted in the "Restrictions" section. In the event of an emergency, I give permission to the physician selected by the staff of Mechanicsville Christian Center, or authorized representative, to hospitalize, secure proper treatment for, and to order injection(s), anesthesia or surgery as required.

(Date)

Signature (parent/guardian if applicant under 18)

(Date)

Signature (parent/guardian if applicant under 18)

**Mechanicsville Christian Center – Missions Department
Waiver and Release from Liability for Minors**

I (we) acknowledge that my child's participation in a Mechanicsville Christian Center Foreign Mission trip is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (we) acknowledge that my child's participation in the Foreign Mission trip presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Mechanicsville Christian Center Foreign Mission Trip, I (we) agree to the following:

___ Mechanicsville Christian Center is not responsible for the loss or theft of personal belongings.

___ I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications and a photo directory with their address. I also understand that my child's photo may be used on MCC's Internet website.

___ I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I waive, release, and discharge from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my child's participation in Mechanicsville Christian Center's activities, the following person, or entities: Mechanicsville Christian Center, team leader and volunteers, Mechanicsville Christian Center's Senior Pastor and Associate Pastors, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above: B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived released or discharged herein except in the case of gross negligence on the part of MCC, team leader or volunteers and: C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I hereby assume the risks of my child participating in all MCC Foreign Mission trip activities.

___ The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of Waiver Release.

___ I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to MCC and the team leader to provide the needed emergency care to the student prior to his admission to a medical facility.

Child's Name _____ SSN# _____

Parent(s)/Guardian Signature _____ SSN# _____

Parent(s)/Guardian Phone _____ Date _____

STATE OF: _____

COUNTY OF: _____

On this _____ day of _____, 20____, before me, _____, a Notary Public in and for said state personally appeared _____, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

Signature: _____

My Commission Expires: _____