

# Church Outbound Mission Trip Consent Form

## Participant Information

Full Name

Date of Birth

Phone Number

Email Address

Address

## Parent/Guardian Information (if participant is under 18)

Name

Phone Number

Email Address

## Emergency Contact

Name

Relationship

Phone Number

## Medical Information

Medical Conditions / Allergies

Current Medications

Health Insurance Provider & Policy Number

Primary Physician Name & Phone

## Mission Trip Details

Destination

Trip Dates

## Consent & Acknowledgement

By signing below, I acknowledge that I have read and understood the details of this mission trip, and consent to participate (or consent for my child to participate). I authorize medical care in case of emergency, and release the church and its representatives from liability.

Signature

Date