

Medical Release Form



Each team member is to complete the following medical release form.

NOTE TO TEAM COORDINATOR: The completed and signed copies of the medical release must be taken to the field or uploaded into the Teams Management system. DO NOT send these forms to the Nazarene Missions Teams office. These forms may be required by the hospital or doctor before medical assistance can be given.

If traveling outside of the U.S., please check with your site coordinator to see if this form requires a notarized signature. If it is required, your team leader will have access to this form with the notary section.

I, _____ hereby give _____ and _____
(team leader) (team member)
permission to secure immediate medical treatment for me in the event that I am not able to make that
decision due to an injury or illness. Date: _____.

In the case of a minor: I, _____ give permission to, _____ to
(the legal guardian) (team coordinator)
secure immediate medical treatment for my child in the event of accident or illness.

It will be from the date of _____, _____ to _____, _____.

Print Name: _____ Signature: _____

State of: _____ County of: _____