

Medical Information/Consent and Release of Liability

Christ's Outreach for the Blind, P.O. Box 3192, Mt. Vernon, KY 40456 ph: 606-256-8888 fax: 606-256-8484

Return completed copy to Christ's Outreach 14 days prior to arrival.

Name of Volunteer _____

Address _____

Home Phone Number _____ Date of Birth _____ Occupation _____

EMERGENCY CONTACTS:

Name _____ Relationship _____ Phone () _____
Alternate Phone () _____

Name _____ Relationship _____ Phone () _____
Alternate Phone () _____

MEDICAL INFORMATION:

Family Physician: _____ Phone () _____

Insurance Company _____ Policy #: _____ Phone () _____

Special Medical Conditions - such as allergies, chronic illness, or other conditions. Please include names of medications needed if youth is on the trip.

MEDICAL CONSENT AND LIABILITY RELEASE

Volunteers participating with Christ's Outreach for the Blind will be involved in construction activities. They may also participate in free time activities such as campfire cookouts, sports, etc. Planned evening activities may also include visits to places of regional interest. Volunteers are not required to engage in any work or other activity in which they feel they are not able to safely participate.

The foregoing statement of activities has been read and understood by either the participant, if over age 18, or the parent/guardian of the participant if said participant is under the age of 18. Consent is hereby given for the participant named herein to be treated by competent medical personnel, as a result of any accident or medical emergency while involved in the activities of Christ's Outreach for the Blind. In addition, Christ's Outreach for the Blind, its agents, employees and all persons connected therewith are hereby discharged from any and all liability, claims and causes of action arising out of participating with Christ's Outreach for the Blind.

Signature _____ Date _____
(I certify that I am 18 year of age or older)

Signature _____ Date _____
Parent/Legal Guardian of Minor Participant

*** THIS FORM MUST BE SIGNED BY PARENT / LEGAL GUARDIAN or VOLUNTEER, IF OVER 18