



## Medical Release

---

**In case of emergency, I hereby authorize the facility providing services any emergency medical and surgical care, and / or treatment and diagnostic tests deemed necessary in the emergency treatment of:**

**Name :** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Insurance:** \_\_\_\_\_ **Group Name:** \_\_\_\_\_

**Group #:** \_\_\_\_\_

**Medications presently taking:** \_\_\_\_\_

\_\_\_\_\_  
**Any special medical problems / allergies:** \_\_\_\_\_

## Permission and Release for Via de Cristo Sponsored Activities

I, \_\_\_\_\_ give my permission to Colorado Via de Cristo, it's volunteers and team members to provide transportation when needed. I authorize the members of the weekend to provide first aid and/or arrange for medical treatment as they deem necessary. I understand that I am responsible for all costs incurred for any medical treatment and medical transportation. My preferred choice of medical treatment facility/hospital is \_\_\_\_\_. I understand that it may not be possible for Colorado Via de Cristo to guarantee the use of that facility.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

**Alternative Contact Name / Number:** \_\_\_\_\_