

MEDICAL RELEASE



PLEASE PHOTOCOPY THIS RELEASE FOR EACH TEAM MEMBER

Each team member is to complete the following medical release, and have it notarized before departure. In the case of a minor, the parent or legal guardian should complete, sign and have notarized.

NOTE TO TEAM COORDINATOR: The signed and notarized copies of the medical release **must be taken to the field by you and not sent to the Work and Witness office** since they may be required by the hospital or doctor before medical assistance can be given.

Date: _____

I hereby give _____ (team coordinator) and _____ (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. In the case of a minor, I, the legal guardian, give permission to the aforementioned to secure immediate medical treatment for my child in the event of accident or illness. In either case it will be from the date of

_____, _____ to _____, _____.

NAME: (Print) _____

SIGNATURE: _____
(If minor-guardian's signature)

STATE OF _____

COUNTY OF _____

Sworn to before me and subscribed in my presence this _____ day
of _____, _____

Notary

Expiration and seal