

Information/ Medical Release

Get Real Ministries, Inc.

Name (As Appears on ID) _____ Birth Date _____
Address _____ City _____ State _____ Zip _____
Email Address _____ Phone _____ Cell _____
T-Shirt Size (If applicable) _____ Your Church _____
GRM Mission Location (1) _____ Date of Trip ____/____/____
(2) _____ Date of Trip ____/____/____
(3) _____ Date of Trip ____/____/____

In a few words describe the role that Jesus Christ has in your life:

Have you ever been on a mission trip? _____ If yes, where? _____
Can you? (Circle all that apply) -SING -SPEAK -PUPPETS -DRAMA -READ TO CHILDREN -PRAY
-SHARING ONE-ON-ONE -WORK WITH ELDERLY -CONSTRUCTION -OTHER _____
Do you play musical instruments?(If yes, what?) _____

GRM has the right to use my/ my child's photo or video footage for presentations, newsletters, publications and/or the website. CIRCLE ONE: YES OR NO

SIGNATURE _____ DATE _____

Parent/ Guardian _____ Phone _____
Emergency Contact _____ Relationship _____
Phone _____

INSURANCE INFORMATION:

Health Insurance Company _____ Policy Number _____

MEDICAL INFORMATION:

Any health problems or major illnesses in the past year _____

Condition(s) requiring medications-Please list meds _____

Any physical disabilities or limitations _____

Any known allergies/reactions _____

MEDICAL RELEASE:

In the case of unconsciousness or inability to release (Check one) ___Myself ___My Child, for medical treatment as a result of sustained injury, illness or accident on the Get Real Ministries Mission Trip/Activity, I _____ give my permission to Get Real, its staff, representatives and all attending health care professionals (including, but not limited to RN's, LPN's, Physicians Assistants, Doctors and Paramedics) to administer medical treatment, hospitalize, anesthetize or perform surgery as required. I, _____, do agree to hold harmless, acquit and release Get Real Ministries, Inc. and its representatives from all actions, damages or liabilities arising from the treatment of any accident, injury or illness incurred during the mission trip/activity. This release indicates that Get Real Ministries incur no liability whatsoever for any sustained injury/ accident or while attempting to meet all medical needs required during the trip.

Participant's Signature/Guardian _____ Date ____/____/____

RELEASE TO TRAVEL:

18 & Under Requires Parental/Guardian Signature

My Child has my permission to travel with Get Real Ministries, Inc. to:

Mission Location _____ Date: From ____/____/____ to ____/____/____

Parent or Guardian Signature _____ Date ____/____/____

FOR INTERNATIONAL TRAVEL ONLY---Under 18 years of age.

NOTARY PUBLIC ENDORSEMENT REQUIRED:

NOTARY PUBLIC SIGNATURE _____ Date ____/____/____

Commission Expiration ____/____/____