

MEDICAL RELEASE FORM
Beautiful Feet Mission Trip 2020

NAME _____ DATE OF BIRTH _____
ADDRESS _____ Emergency () _____
CITY/STATE/ZIP _____

IF UNDER 18 YEARS OLD:

PARENT/GUARDIAN NAME _____
ADDRESS _____
CITY/STATE/ZIP _____

EMPLOYED BY _____
DAYTIME PHONE() _____ EVENING/NIGHT PHONE() _____

ARE YOU CURRENTLY TAKING MEDICINE OR TREATMENT _____ YES _____ NO
If yes, explain _____

DATE OF LAST TETANUS TOXOID IMMUNIZATION: Month _____ Year _____
HAVE YOU EVER HAD A SEVERE REACTION TO A BEE/HORNET STING, OR INSECT BITE?
_____ YES _____ NO If yes, explain _____

DO YOU HAVE:

_____ Sinus Trouble
_____ Hay Fever
_____ Heart Trouble
_____ Epilepsy
_____ Asthma
_____ Diabetes

LIST ANY ALLERGIES:

Food _____
Drugs _____
Other Medical Needs: _____

EMERGENCY MEDICAL AUTHORIZATION

Event: Beautiful Feet Mission Trip, Fort Worth, Texas

In the event of an emergency, I hereby give permission to the church-appointed sponsor who is with me or my child at the above mentioned event to obtain medical assistance for me or my child. I also give permission to the physician selected to hospitalize and secure proper treatment for me or my child.

Parent/Guardian/Self Signature _____

Insurance Company _____

Policy Number _____

If I cannot be reached, please notify _____

() _____ or () _____

Today's Date _____

Make copies of this form if needed

Beautiful Feet Mission Trip - Fort Worth, Texas

Registration Form

January 26,27,28, 2018

Deadline:

Name _____ **age** _____

Address: _____
 Street **City** **State** **Zip**

Telephone (Home) _____ **(work)** _____

Cell phone _____ **e-mail** _____
If you will have it on the trip

Church _____
 Name **Address (Street, City, State and Zip)**

I am interested in being a team member to Beautiful Feet

(Please Mark Your Choices)

1st	2nd	
_____	_____	Children's Ministry
_____	_____	Street Ministry
_____	_____	Construction Team
_____	_____	Food Team
_____	_____	Clothing Team

Cost \$20.00 per person and \$40.00 per family due January 14, 2017.
Make check out to FBC – Beautiful Feet Trip.

Please return this form for the trip and the medical form

We would appreciate the forms being sent in as soon as possible.

Thank You

Make copies of this form if needed