



Northview  
COMMUNITY CHURCH

## MEDICAL RELEASE FORM

Team Member Name \_\_\_\_\_

Trip Location \_\_\_\_\_

Trip Date \_\_\_\_\_

Please complete parts A, B, and C of this form to the best of your knowledge. Your signature is required on part C to confirm your understanding with the statements made.

### PART A - In Case of Emergency Please Notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Ph.: \_\_\_\_\_ Work Ph.: \_\_\_\_\_ Other: \_\_\_\_\_

### PART B - Medical Insurance:

Medical insurance is mandatory for all those participating in a Northview missions trip. Please list your insurance company and your policy number:

\_\_\_\_\_

Insurance Company

\_\_\_\_\_

Policy Number

If you need assistance with procuring medical insurance, please contact Carrie Klassen at [cklassen@northview.org](mailto:cklassen@northview.org)

### PART C - Consent for Medical Treatment

I hereby agree to the performance of any medical treatment, including anesthetics, deemed necessary by the attending physician in the event that I am unable to make these decisions for myself.

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

Applicant's Signature: \_\_\_\_\_

(Legal Guardian if Applicant is Under 18 Years of Age)