



MEDICAL CONSENT 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 Tiffany Cloutier at tcloutier@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)