

LaRomana Mission Tour 2009
Medical Authorization

It is *absolutely* necessary for the group leaders to have telephone numbers where the parent, or person designated by the parent, can be reached in case of an emergency. This information will help us provide medical treatment for your son/daughter if it becomes necessary.

Name _____ Date of Birth ____/____/____

Address _____ Church _____

Mailing Address _____

Father/Guardian _____ Home Tel.# _____

Employed at _____ Bus. Tel.# _____

Mother _____ Home Tel.# _____

Employed at _____ Bus. Tel.# _____

DESIGNATED PERSON TO CALL IF PARENTS CANNOT BE REACHED:

Name _____ Tel. # _____

Name _____ Tel. # _____

If there is an emergency and I cannot be reached, I authorize any tour leader to secure medical help for my son/daughter.

It is my understanding that this authorization will be in effect during the time my son/daughter is with the 2009 LaRomana Mission Work Tour from April 18, 2009 through April 25, 2009 or April 25, 2009 through May 2, 2009.

Please list any health conditions such as vision or hearing problems, allergies, chronic medical problems, injuries. etc.

Date ____/____/____ Signed _____

Parent/Guardian