MEDICAL RELEASE FORM

Revision: January 23, 2025

Name: Last		First		Middle			
Address:		City		State		Zip	
Phone: (H)		(C)		(W)			
Date of Birth		**Spouse Name**					

Emergency Contacts	Spouse Cell		Spouse Work		
1)		Relationship		Phone	
2)		Relationship		Phone	

Church:		City		Phone	
Pastor:		Phone (H)		Cell	

Physician:			Phone			
Medical Insurance Co.			Policy #			
MEDICAL HISTORY			**Year Date of Last Tetanus Shot**			
☐	Allergy (explain reaction)	☐	Broken bone (explain)	☐	Kidney disease	
	Food/Meds/Plant/Insect	☐	Diabetes	☐	Mononucleosis	
☐	Asthma	☐	Dizziness/Fainting	☐	Past surgery (explain)	
☐	Back pain	☐	Headaches	☐	Seizures	
☐	Blood pressure - high/low	☐	Heart disease (explain)	☐	Stroke	
☐	Blood disorder (explain)	☐	Hepatitis A/B/C	☐	Other (explain)	

Please explain the above noted health problems and any additional medical conditions of which the Texans on Mission and/or On Mission Network team leaders need to be aware:

MEDICATION: List medications taken on a regular basis with dosage and time to be taken			
			Use back of form if more room is needed

YOUR SIGNATURE BELOW AFFIRMS THE FOLLOWING:

The above information is accurate to the best of my knowledge. I understand this form will be kept by Texans on Mission and/or On Mission Network team leaders for use, if needed. I give permission to release information to medical personnel, if necessary. Should I be unconscious, I give permission to a Texans on Mission and/or On Mission Network representative to act as spokesperson in granting permission for emergency treatment (including anesthesia), if necessary.

Signature		**Date**	