

Scripture Union Permission and Release Form

Complete both pages and return to
Scripture Union ~ Attn: Program Service Coordinator
PO Box 987 #1 ~ Valley Forge, PA 19482

I, _____, do hereby certify that I am willing to
(Full legal name of applicant for team membership)

participate and/or travel in connection with my mission team with Scripture Union wherever required in the year_____.

I also release Scripture Union and/or its staff, and/or their appointed agents from any liability for any accident, sickness, or death that I may incur while serving with Scripture Union.

Scripture Union and/or its staff, and/or their appointed agents also have my permission to take me to doctor or other medical facility for medical treatment, emergency surgery or hospitalization if the need arises. In case of medical emergency, I understand that effort will be made to contact the parents, guardians or emergency contacts of the team member named above. I assume the responsibility of all medical bills for myself.

Dates and schedules are subject to change. Teams may be switched, canceled or terminated early for natural disaster, or for mission related, or disciplinary reasons. All contributions are nonrefundable, nontransferable, and can not be retained for another year.

Team members, directors, and staff must adhere strictly to Scripture Union policies and are subject to dismissal for disobedience, without refund or reimbursement. Team members, leaders, and staff serve at their own risk and Scripture Union is not liable in the event of sickness, accident, death, or for transportation or any other expense beyond the normal team involvement.

I freely give my permission for Scripture Union to use any pictures or videos in which I may appear in this SuperKids program. I understand that such pictures and videos will be used exclusively by Scripture Union for publicity and promotional purposes for future SuperKids programs.

Legal signature of applicant

Date

Legal Guardian's signature (if applicant is under the age of 18)

Date



Scripture Union

Medical History Form and Authorization for Treatment

Name of Team Member: _____
Age: _____ Grade: _____ Gender: _____
Date of Birth: _____
Father's Name (For Youth) _____
Mother's Name (For Youth) _____

Phone Number: () _____
Insurance Company: _____
Policy Number: _____
Work Number: () _____
Work Number: () _____

Persons to notify in case of emergency:

Name: _____
Address: _____

Home Number: () _____
Work Number: () _____

Name: _____
Address: _____

Home Number: () _____
Work Number: () _____

The purpose of the Health Status Form is to inform Scripture Union of any medical limitations or exceptions, to bring us up to date on your medical history and present physical status and to allow us to inform emergency medical personnel if necessary. LISTING YOUR PAST OR PRESENT MEDICAL PROBLEMS WILL IN NO WAY HINDER YOU FROM PARTICIPATION ON A MISSION TEAM.

Do you have any physical limitations or emotional disorders? If so, list them.

Do you have any medical problems? If so, list them.

Will you be taking any kind of medication while on the mission? Yes _____ No _____
If yes, please list medication(s) and dosage(s):

Allergies (please list all)

Foods: _____
Insect bites/stings _____

Medicines: _____
Others: _____

Have you had major surgery in the past 12 months? If so, what?

If you are currently being treated by a doctor for a medical problem please list his name, address and phone, what you are being treated for and how?

Doctor's Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Problem and Treatment: _____

