

Mexico Trip ~ Medical Release Form

By signing this form below, I authorize Calvin Christian Collegiate and any of the mission trip leaders to take any and all actions that they may deem necessary or appropriate, at my expense, in order to treat and respond to any accident, illness, injury or other medical emergency that I may experience during my participation in the Mexico Trip 2017. I understand that such treatment and response may include transporting me, at my expense, to a location appropriate for medical treatment. I understand that in the event of accident, illness, injury or other medical emergency, Calvin Christian Collegiate shall use its best efforts to promptly inform the person(s) I have listed as emergency contacts, but I agree that Calvin Christian Collegiate shall not have any liability for a failure to notify such person(s). I further understand and agree that all information given on the Mexico Trip Health Form shall be shared with all mission trip leaders.

Student's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____