

Medical Release Form

I have listed my current medications and pertinent health conditions on the "Medical Information Form" so that the missionaries of Kids to Christ Missions can review the information in context to the service opportunities with Kids to Christ Missions.

I have reviewed the Center for Disease Control (cdc.gov) website for the "Health Information for Travelers" to the Dominican Republic. I am following all those recommendations regarding vaccines and medications, unless otherwise noted on my "Medical Information Form."

I understand that if I am pregnant or may be pregnant, I am required to provide a written medical release from my primary care physician indicating my ability to travel to the Dominican Republic during the designated trip dates. I understand the Dominican Republic travel may require medications and/or immunizations potentially harmful to a pregnancy. My physician's written medical release will address these concerns, if any, and provide approval before I am allowed to participate in the trip.

I do hereby give Kids to Christ Missions/Let the Little Children Come to Me, Inc. and the missionaries and directors authority to request and authorize medical and/or hospital treatment and medications for my benefit in the event of any injury or sickness sustained by me while on any such travel, stay or other activity, including, without limitation, while traveling to and from the Dominican Republic. I agree to pay for all such treatment and to reimburse Kids to Christ Missions/Let the Little Children Come to Me, Inc. and/or my travel for all costs and expenses incurred by them with respect to such treatment and medications.

Printed Name: _____

Signature: _____

For children under 18 years of age:

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____