

Foursquare Missions "GO" Team Managua, Nicaragua

AUTHORIZATION FOR EMERGENCY MEDICAL CARE (For Adults)

I, the undersigned,

_____ (Name)

_____ (Birth Date)

do hereby authorize any necessary examination, anesthetic, dental, medical or surgical diagnosis or treatment by any duly licensed physician or dentist and hospital service that may be deemed necessary should I experience illness or accident while traveling with the missions group from New Song Christian Fellowship of Louisville, Kentucky. This release is effective from Dates: _____ to _____.

Dated this _____ day of _____ (month and year) at
_____ (city and state).

Signature