



ADULT MEDICAL RELEASE AFFIDAVIT

I _____ will be traveling with **Light of Honduras** on these specified dates _____. **Light of Honduras** has permission to make any decisions regarding medical emergencies on my behalf if I am unable to do so. I will not hold **Light of Honduras** responsible for sickness or accidents which may occur while on the trip. I realize that I am responsible for providing medical insurance.

Please answer the following questions:

1. Please indicate any noteworthy information we should have concerning any medical

problems you may have: _____

2. Are you allergic to any form of medication or food? NO ____ YES, what kind: _____

3. Please give us the following information concerning your insurance protection:

A. Insurance Company: _____

B. Group Number: _____ Policy Number: _____

4. Do you have any history of:

Heart Problems NO ____ YES, describe: _____

Kidney Problems NO ____ YES, describe: _____

Lung Problems NO ____ YES, describe: _____



5. Please give names and telephone numbers of two people to contact in case of emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Participant's Signature _____ Date _____

SIGNATURE MUST BE NOTARIZED

_____, Notary Public

My Commission Expires _____ SEAL

County _____ State _____

Office use only

Date rcvd: _____ By: _____

07/24 Revised