

MEDICAL/LIABILITY RELEASE FORM

For Applicants 18 years old or older

This form must be completed and returned to the camp at least two weeks before camp begins.
Mail to: Crossing Borders, 218 Joan Ln, Longview, TX 75605 or scan to: info@cbmission.org

APPLICANT INFORMATION:

Applicant's Name _____ Date _____

Address _____ Birthdate _____

Address _____

Phone _____ E-mail _____

INSURANCE INFORMATION:

Insurance Company _____ Group # _____

Ins. Co. Address _____

Subscriber's Name _____ Birthdate _____

Subscriber Ins. ID# _____ Ins. Co. phone _____

Subscriber's Employer _____

Employer's Address _____

EMERGENCY CONTACT INFORMATION:

Who should we notify in case of an emergency? Name _____

Relationship to Applicant _____ Phone(s) _____

MEDICAL ISSUES: (disclosure will only be shared with group leaders or health care professionals, if needed)

Please list any medical problems you have: _____

Are you under the care of a physician due to physical conditions we may need to know about?

If so, explain: _____

Do you have any physical limitations or chronic concerns that limit your activity? If so, explain:

Are your immunizations up-to-date? (circle one) **Yes** or **No**

When was your last tetanus vaccine? _____

(No immunizations are required for travel into Mexico. We just need to know in case you need medical treatment on the trip).

List (with dosage) any prescription medication you take on a regular basis:

List any allergies to foods or medications: _____

CONSENT AND RELEASE:

I, _____, do release Crossing Borders International and all affiliated organizations, sponsoring churches, and all staff of any responsibility for accidental injuries, sicknesses or incidents sustained during our mission event, be it into Mexico or stateside, run by Crossing Borders International, affiliates or hosts. I do hereby give the above-mentioned entities permission to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery as deemed necessary and in accordance with the previously stated medical history. I also agree to abide by terms and regulations of conduct prescribed by Crossing Borders International and related entities, and I realize that I may be asked to leave at any time at my own expense for flagrant violations of those terms and conditions. I also grant permission for the entities to use in their publications any still or video images or audio taken of myself at any camp event.

Applicant, please sign below:

Signature _____

Date _____