



BELIZE MISSION AND RETREAT

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EMERGENCY CARE INFORMATION FORM

This emergency data refers to: _____

In the event of an emergency while I am participating on a Mission Trip with the Belize Mission and Retreat, I hereby give my permission to the sponsor in charge to select a physician and/or hospitalize me, to secure proper medical/dental treatment for, and to order injection, anesthesia, or surgery.

Written signature by participant: _____

Dated: _____

In the event of an emergency, I authorize the sponsor and/or the Belize Mission & Retreat to call:

Family Member:

Name: _____ Phone: _____

Medical Doctor:

Name: _____ Phone: _____

Member Number from Coverage Plan: _____

Denist:

Name: _____ Phone: _____