

DENIKE MINISTRIES
Registration / Medical Release Form

(Complete both sides of this form)

(Please Print)

Name: _____

Address _____ City: _____

State: _____ Zip: _____ Phone _____

Birth date: _____ Social Security # _____

(if under age 18) Parents Name: _____

Emergency Phone Number: _____

Medical History and Release

Do you have any medical condition including allergies that might affect your ability to travel and work in Mexico / Kenya? _____ If yes, please explain _____

I, _____ authorize DeNike Ministries, its representatives to make emergency medical decisions on my behalf if I am incapacitated for any care so procured and cannot make such decisions for myself. I understand and agree that I am financially responsible.

Signature: _____ Date: _____

Medical Insurance Name & Policy# _____

Please attach copies of insurance cards

(UNDER AGE 18)

I hereby authorize DeNike Ministries, its representatives to procure emergency medical, hospital, or dental care for my child, _____ in the event of injury or illness while the child is in the care of the above-named adults. I understand and agree that I am financially responsible for any care so procured.

Parent or Guardian Signature: _____

Date: _____ Witness: _____

Medical Insurance Name & Policy# _____

Please attach copies of insurance cards

(It is understood that an exhaustive effort will be made to contact the parent or guardian of child before treatment is given) A copy of this Liability/Registration/Medical Release form will be given to the DeNike Ministries representative before crossing the border.