

# Passport, Inc. Adult Chaperone Medical Release Form

(Please fill out as clearly as possible in black ink only)

Name \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

I will be attending PASSPORTkids! with \_\_\_\_\_ Church.

\_\_\_\_\_ I am currently a member of \_\_\_\_\_ Church.

\_\_\_\_\_ I am not a member of any church.

Medication (currently using) \_\_\_\_\_

Allergies (to medication) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Insurance carrier \_\_\_\_\_

Policy number \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

I \_\_\_\_\_ do hereby give my permission to receive emergency medical care in the event that I am unconscious or unable to give my oral consent. In addition, I will not hold Passport, Inc. responsible for any expense, claims, or liability arising from an injury to myself.

Throughout a session of PASSPORTkids!, a photographer and videographer will take footage that could be used in future Passport, Inc. promotional materials. My signature below gives permission for Passport, Inc. to use my image in future promotional materials.

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
(do not sign except in presence of Notary)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Dated \_\_\_\_\_

Seal of Notary