

Passport, Inc. Adult Chaperone Medical Release Form

(Please fill out as clearly as possible in black or dark blue 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.

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____.

Notary Public Signature _____

Dated _____ Seal of Notary _____ My Commission Expires _____

NOTE: Passport requires the following information to be submitted either on this form or with a form you have submitted to your church. All information must be complete and current.

Medication (currently using) _____

Allergies _____

Family Doctor _____ Address _____

City, ST, ZIP _____

Phone _____ Insurance carrier _____

Policy number _____ Date of last Tetanus shot _____