

Instructions: Please complete 6 forms for each participant. The participant's full name should be NEATLY PRINTED on the first line.

- **If the participant is a minor**, their guardian's contact number should be written on the blank as indicated and their guardian must sign on the signature line.
- **If the participant is an adult**, write "n/a" for the contact number and sign on the signature line.
- PLEASE **complete all six forms** and return the original to First Christian Church, Attn: Mexico Mission 2008, 3039 Willow Pass Road, Concord, CA 94519 **by 5/24/08.**

These forms are placed on the back of each person's nametag and worn throughout the trip!

**EMERGENCY MEDICAL
RELEASE FOR:**

(Print full name here)

I give permission for the adult sponsors of Mexico Mission 2008 to authorize emergency medical treatment for the above named person in the event that I cannot be reached immediately for my permission at: (____) _____
OR, in the event that I am the named participant and am unable to sign for myself.

(Signature of Parent/Guardian or Attending Adult)

Amor Ministries (619) 622 1200

**EMERGENCY MEDICAL
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