

EMERGENCY RELEASE FORM

Community Fellowship Church Short-Term Teams and their appointed team leaders have my permission to authorize any medical treatment deemed necessary for me or my child, including administration of medication, anesthesia, emergency surgery, or hospitalization. I agree to assume complete financial responsibility for all medical bills incurred by me or my child.

I agree to assume total financial responsibility to travel home immediately if it is necessary for medical or any other emergency reasons.

Signature of Applicant *(or parent/guardian if under 18)*

Date

