

## MEDICAL CONSENT



MOSAIC  
CHRISTIAN CHURCH

Team Member Full Name

Address

Phone Number

Date of Birth

Emergency contact Information

Full Name

Address

Phone Number

Email Address

Insurance

Policy #

Carrier

Primary Care Doctor

Name

Address

Phone Number

List any allergies

Authorization for treatment: I hereby give permission to the medical personnel selected by Mosaic Christian Church to provide medical care in my best interest in case of a medical emergency. In the event of an emergency I hereby give permission to the physician selected by Mosaic to treat me, including hospitalization, if necessary. This form, when complete, may be photocopied for trips away from Mosaic Christian Church

SIGN ONLINE -- [www.mosaicchristian.org/globalimpactforms](http://www.mosaicchristian.org/globalimpactforms)