



*BELIZE MISSION AND RETREAT*

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**Authorization for Emergency Medical Care (for adults)**

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I, the undersigned,

\_\_\_\_\_

Name

\_\_\_\_\_

Birth Date

Do hereby authorize any necessary examination, anesthetic, dental, medical or surgical diagnosis or treatment by a duly licensed physician or dentist and hospital service that may be deemed necessary should I experience any illness or accident while traveling with the Mission Group from \_\_\_\_\_ (church) of \_\_\_\_\_ (City, State) to Belize. This release is effective from \_\_\_\_\_ through \_\_\_\_\_ (dates).

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month and year) at  
\_\_\_\_\_ (City, State).

\_\_\_\_\_  
Signature (handwritten)