



**Filipino Cursillo Community**

**Cursillo No.** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

### **AUTHORIZATION FOR MEDICAL TREATMENT**

To Whom It May Concern:

This will authorize the medical officers of Filipino Cursillo Community to give first aid medical assistance on my behalf. If needed, I also give my consent to bring me to the nearest hospital and notify my emergency contact person.

Below is my medical information and contact person.

**Medical Insurance :** \_\_\_\_\_

**Medical Insurance Number:** \_\_\_\_\_

**Doctor Name :** \_\_\_\_\_

**Doctor Telephone No :** \_\_\_\_\_

**Preferred Hospital :** \_\_\_\_\_

**Contact Person :** \_\_\_\_\_

**Relationship :** \_\_\_\_\_ **Telephone No :** \_\_\_\_\_

**List of Medication(s) currently taking:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies :** \_\_\_\_\_

\_\_\_\_\_

**Name :** \_\_\_\_\_

**Date :** \_\_\_\_\_

**Signature :** \_\_\_\_\_



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### **WAIVER AND RELEASE FROM LIABILITY**

I \_\_\_\_\_, take full responsibility and waive any claims of personal injury, death or damage to personal property associated with **Filipino Cursillo weekend** activities.

I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** This form should be forwarded to the Primary Medical Officer for safekeeping during the weekend. After the Cursillo Weekend this form will be shredded.