

Filipino Cursillo Community

Cursillo No. _____

Date: _____

Location: _____

Filipino Cursillo Community

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Date: _____

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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 : _____

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.