

## ADULT PERMISSION FOR MEDICAL TREATMENT AND RELEASE OF LIABILITY

Date \_\_\_\_\_

I hereby give permission for Accelerated Christian Education Ministries Namibia to obtain medical treatment for

\_\_\_\_\_ Age \_\_\_\_\_

I may be given aspirin, cough syrup, or Panado if needed. Yes \_\_\_\_\_ No \_\_\_\_\_

If allergic to any medications, please specify. \_\_\_\_\_

\_\_\_\_\_ Check here if there are physical problems or any special instructions, and fill out the Special Medical Treatment form (CF7b).

I understand that I am responsible for accident and medical insurance if needed en route to and from the convention and throughout the duration of the convention. I herewith release Accelerated Christian Education Ministries Namibia and Hodygos from any liability for death or injury that may result from my voluntary participation in any activity while at and enroute to and from the Namibian Student Convention.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
School Customer Number

\_\_\_\_\_  
Medical Aid Information

\_\_\_\_\_  
Medical Aid Number

**CF7a (NAM)**

# SPECIAL MEDICAL TREATMENT FOR ADULTS

Judges, Sponsors or guests with a history of a particular medical problem requiring special treatment must submit the Permission for Medical Treatment and Release of Liability as well as Special Medical Treatment forms. They should also wear an identifying bracelet or I.D. which would alert first-aid personnel to the existence of the particular problem. Each person registered must provide their own medical and accident insurance and provide ACE Ministries Namibia with a statement releasing ACE Ministries Namibia from responsibility and liability for any medical expenses incurred by them during their stay at the Convention or their travels to/from the Convention area.

Adult's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Numbers \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ School Phone \_\_\_\_\_

Next of Kin \_\_\_\_\_

Next of Kin Address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Nature of Special Problem \_\_\_\_\_

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

Attention or Treatment Required \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CF7b (NAM)**