

**DENIKE MINISTRIES**  
Registration / Medical Release Form

(Complete both sides of this form)

**(Please Print)**

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

Address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security # \_\_\_\_\_

(if under age 18) Parents Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

**Medical History and Release**

Do you have any medical condition including allergies that might affect your ability to travel and work in Mexico / Kenya? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

I, \_\_\_\_\_ authorize DeNike Ministries, its representatives to make emergency medical decisions on my behalf if I am incapacitated for any care so procured and cannot make such decisions for myself. I understand and agree that I am financially responsible.

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

Medical Insurance Name & Policy# \_\_\_\_\_

*Please attach copies of insurance cards*

**(UNDER AGE 18)**

I hereby authorize DeNike Ministries, its representatives to procure emergency medical, hospital, or dental care for my child, \_\_\_\_\_ in the event of injury or illness while the child is in the care of the above-named adults. I understand and agree that I am financially responsible for any care so procured.

Parent or Guardian Signature: \_\_\_\_\_

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

Medical Insurance Name & Policy# \_\_\_\_\_

*Please attach copies of insurance cards*

(It is understood that an exhaustive effort will be made to contact the parent or guardian of child before treatment is given ) A copy of this Liability/Registration/Medical Release form will be given to the DeNike Ministries representative before crossing the border.