



Medical Consent Form (Adult)

I, the undersigned, am a participant and have given my consent for myself to attend a mission project under the direction of ASELSI Ministries. In the event that I am injured or become ill while attending the project and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician.

In the event treatment is called for, which a physician and/or hospital personnel refuse to administer without my consent, I hereby authorize an approved ASELSI staff member to give such consent for me if I am unable to communicate.

In the event that it becomes necessary for that person to give consent for me, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from giving of such consent so long as the treatment is administered under the supervision of a licensed physician.

Additionally, I accept full responsibility for any expenses related to an illness or injury resulting from time on this mission trip, either during the trip or which might become evident after the return home.

Please sign in the presence of a notary public.

Applicant's signature

Date

Printed Name

Notary: Please sign and affix seal.

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of _____)) ss. County of _____) On

_____, _____ before me, _____, a notary public in and

for said state, personally appeared _____, personally known to me (or proved on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she/he executed the same in her/his authorized capacity, and that by her/his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

[NOTARIAL SEAL]

Notary Public for the State of:

My commission expires: