

PILGRIM MINISTRIES MEDICAL LIABILITY RELEASE FORM

DIRECTIONS: Please fill out and complete the information below to the best of your abilities. Pilgrim Ministries is not a medical facility or do we have trained medical personnel on staff. Pilgrim Ministries will do our best to get you medical attention if needed during your residency at the ministry. However Pilgrim Ministries does not assume any of the responsibilities for the cost of your medical treatment. The resident will be solely responsible for any and all cost associated from medical attention/treatment if needed.

PLEASE TYPE OR PRINT ALL INFORMATION

Resident's Name: _____ Responsible Person Name _____

Home Address: _____

Responsible Person Telephone: _____ Work: _____
 Home: _____ Cell: _____

Resident's Physician: _____ Dr. Phone Number: _____

Physician's Address: _____

Alternate Contact: _____

Telephone Number: Home: _____ Work: _____

Resident is covered by group or medical insurance? _____ Yes _____ No

If yes, complete the following information:

Name of Insured: _____

Insurance Company: _____

Group #: _____ Policy #: _____

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergy: _____

b. Physical Handicap: _____

c. Convulsions: _____

d. Medicine Reactions: _____

e. Blackouts: _____

f. Disease of any kind: _____

g. Heart or lung problems: _____

h. Other (Be Specific): _____

If currently taking medication, please provide the following information:

* Name of medication: _____

* Prescribing Physician and Phone Number: _____

LIABILITY RELEASE: I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual RESIDENT is responsible for his own insurance coverage/medical cost during his residency at Pilgrim Ministries. I hereby release Pilgrim Ministries Inc., the Pilgrim Ministries Board of Directors, the Pilgrim Ministries Staff & Officers and any designated individual in charge of working on behalf of Pilgrim Ministries from any legal or financial responsibility for medical cost incurred by me while a resident at Pilgrim Ministries. I also agree to accept sole responsibility for any and all medical charges I may incur while a resident in the

ministry. Furthermore if I do not have insurance I will assume all responsibility for medical cost or any cost that is not covered by my insurance coverage.

Responsible Person's Signature _____ Date _____
Resident's Signature _____ Date _____
Director's Signature _____ Date _____