

2019 Consent for Medical Treatment and Release of Liability
On Mexico Mission trip

I hereby give permission to the physician and/or dentists selected by the First Presbyterian Church of Santa Rosa representative or sponsor to hospitalize, secure treatment for, and order injection, anesthesia or surgery for my dependant as named below. I also hereby give permission for my dependant to participate in all activities, travel, ministry projects, and other activities associated with First Presbyterian Church of Santa Rosa.

I, therefore agree to assume as an explicit condition of my dependant's participation, any and all risks, including, but not limited to those enumerated above. I agree to hold harmless First Presbyterian Church of Santa Rosa and its representatives from any and all liabilities, claims, demands, and causes of action whatsoever which may arise due to the participation of myself or my dependant.

I realize also in the event of illness or injury while participating in activities, medical treatment may be required, I hereby give permission for any such treatment to be rendered and I agree to bear the cost of such treatment. If any changes occur, I will contact the director of youth ministry.
Please Initial

I understand that my Child will be abiding by rules that are designed to promote safety while living in a foreign country.

I understand that construction is a controlled risk activity and that there is an uncontrolled possibility for injury to my child during construction activity even with close adult supervision. I understand that I will be contacted if medical attention is needed for my child.

Dependants Name _____ Parent/Guardians Name _____

Parent/Guardian Phone Number _____ Alternate Phone _____

Allergies or Medical Problems/Special Needs _____

Insurance Carrier & Policy # _____

Name of Secondary Emergency Contact _____ Phone # _____

Parent/Guardian Signature _____ Date _____