

CONSENT TO TREATMENT FORM

We/ I, the undersigned parents / guardians of _____
(child's name)

a minor, do hereby give our / my consent for _____
(child's name)

to participate in the Mexico Mission Trip. We / I am aware that by my child participating in this activity, there is the possibility that there may occur a need for emergency medical treatment as a result of an accident or sickness.

In the event emergency medical treatment becomes necessary for my child, we /I grant to Richard Sutton, director for the Mexico Mission Trip, or his assistants, authority to obtain such emergency medical assistance.

We / I also consent to my child's being transported from the premises by private car or other modes of transportation for the purpose of the activity.

We / I further grant my permission for medical personal to administer emergency medical treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the above named director or to the club entrusted with the custody of said minor.

THE ABOVE NAMED PERSON IS ____ IS NOT ____ COVERED BY HEALTH INSURANCE.

Present health insurance company _____

Policy and / or Group Numbers _____

Signature of parent / guardian Date

Name of Parents / Guardians: _____

Address: _____

Daytime Phone _____ Evening Phone _____