

2019 Youth Mission Trip

OneLife Church

PARENTAL AUTHORIZATION/CONSENT

Details:

- Portland, OR
- July 21-26, 2019
- \$525 per space

Student Name _____

Birthdate _____ Grade _____

Parent(s) Name(s) _____

Address _____

City _____ zip _____

Phone # _____ (work) _____

Emergency Contact _____ Phone _____

Medical Insurance Company _____ Med. I.D.# _____

Medications _____

Special info (Allergies to medications/medical conditions) _____

To Whom it may concern:

The undersigned does hereby give permission for our(my) child, _____, to attend and participate in the **Event Name** _____ **Here, sponsored by OneLife Church, located at Location** _____ **Here, on Date** _____ **Here.**

We(I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned does also hereby give my permission for our(my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **OneLife Church**. I understand all reasonable safety precautions will be taken at all times by **OneLife Church** and its agents during the events and activities.

I understand the possibility of risk. I agree not to hold **OneLife Church**, its leaders, employees, and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject of this form.

No guns, knives, fireworks, drugs, alcohol, or tobacco products are allowed on this trip.

Should it be necessary for our(my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Student signature _____ Date _____

Parent/Guardian Signature _____ Date _____