

**NOTE: THIS FORM MUST BE NOTARIZED.**

# Release and Medical Consent Form

## For Spring Invasion 2020

**A program of Evangelical Friends Church – Mid America (EFC-MAYM)**

Participant Information:

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last*

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or Guardian Emergency Phone: 1<sup>st</sup> - \_\_\_\_\_ 2<sup>nd</sup> - \_\_\_\_\_

Health Insurance Info: Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

*Please list any allergies or special medical problems your child may have on the back of the sheet.*

*This box filled in for students only.*

I, \_\_\_\_\_ (parent or guardian) give permission for my child, \_\_\_\_\_ (student), to travel in and out of the United States and Mexico with \_\_\_\_\_ (group leader's name) and to participate in activities sponsored by \_\_\_\_\_ (church) and EFC-MAYM ( )  March 12-19, 2016,  March 19-26, 2016. I further absolve EFC-MAYM, the named church, and all supervisors from any liability beyond the limits of my insurance and the insurance they provide on this trip.

*This box filled in for adults only.*

I \_\_\_\_\_ (participants name) will be participating in Invasion representing \_\_\_\_\_ (church) as a sponsor/chaperone/leader adult ( )  March 12-19, 2016,  March 19-26, 2016. I absolve EFC-MAYM, the named church, and all supervisors from any liability beyond the limits of my insurance and the insurance they provide on this trip. I further authorize EFC-MAYM to run a background check on me.

Social Security #:

Maiden Name (if married female):

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

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned person pursuant to this authorization. Should it be necessary for the named participant to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. Also, the undersigned does hereby give permission for the named participant to ride in any vehicle designated by the group leader in whose care the participant has been entrusted while attending and participating in these activities sponsored by EFC-MAYM and the above named church.

Subscribed and sworn before me this day of:

\_\_\_\_\_  
Notary Public Expires \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature Date

\_\_\_\_\_  
Parent or Guardian's Signature (if student) Date