

NOTE: THIS FORM MUST BE NOTARIZED.

Release and Medical Consent Form

For Spring Connection 2024

A program of 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: 1st - _____ 2nd - _____

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 9-16, 2024, March 16-23, 2024. 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 9-16, 2024, March 16-23, 2024. 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 back ground 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:

Expires _____

Notary Public

Participant's Signature Date

Parent or Guardian's Signature (if student) Date