

REFUGEE PARENTAL CONSENT FORM

Name _____
Address _____
City _____ State _____ Zip _____
Parent's Name _____
(Please print information.)

Birthdate _____
Home Phone _____
Other Phone _____
Parents Business Phone _____

TO WHOM IT MAY CONCERN:

We (I) authorize any youth staff member chaperoning to consent to any medical treatment necessary. Listed below are allergies or special medical problems my child has:

My child is on the following medication:

Hospital Insurance: Yes No
Physician

Insurance Company: _____
Physician's Phone: _____

Participants Signature Date

Father's or Guardian's Signature

Mother's Signature

Our signatures indicate we have read all rules and well as the directions of the leadership of this trip.

We further assume all responsibility for injuries either caused or sustained by our child and specifically hold harmless The Pentecostals of Alexandria for any such injuries or damage and waive any and all causes of action we may have arising out of any accident caused or sustained by our child.